Nebraska FY 2013
Preventive Health and Health Services Block Grant

Annual Report

Annual Report for Fiscal Year 2013
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Governor: Dave Heineman
State Health Officer: Joseph Acierno M.D., J.D.
Block Grant Coordinator:
Barbara Pearson
301 Centennial Mall S.
P.O. Box 95026
Lincoln NE 68509-5026
Phone: 402-471-3485
Fax: 402-471-6446
Email: Barbara.Pearson@nebraska.gov
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NEBRASKA

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1.2. Executive Summary

This REVISED work plan is for the ***Preventive Health and Health Services Block Grant (PHHSBG)*** *for Federal Year 2013. It is submitted by the Nebraska Department of Health and Human Services (NDHHS) as the designated state agency for the allocation and administration of PHHSBG funds.*

Funding Assumptions*: The total award for the FY2013 Preventive Health and Health Services Block Grant is $1,141,526. This amount is based on a funding update allocation table distributed by CDC.*

Funding Rationale: *Since the establishment of the PHHSBG, the funds have been used to address leading causes of death and disability and of years-of-potential-life-lost. The NDHHS seeks input from the Nebraska Preventive Health Advisory Committee (NPHAC) in making decisions about utilization of funds allocated to Nebraska. Members of the NPHAC are informed of the allowed uses of PHHSBG funds, and the role of the NPHAC. They are provided a wide variety of health data, along with information about the results of activities carried out by funded programs, current evidence-based best practice and the availability of other public health resources. The NPHAC operates under bylaws established when the Advisory Committees became required in 1993 and periodically considered for modification since that time. The members are selected because of their professional or subject area expertise and their interest in public health.*

Proposed Allocation and Funding Priorities *for FY 2013*

UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

Sexual Assault-Rape Crisis (HO IPV-40): *$42,000. This amount slightly exceeds the mandatory allocation for this set-aside. The funds are awarded to the Nebraska Department of Health and Human Services (NDHHS) Injury Prevention and Control Program and subawards the funds to the Nebraska Domestic Violence Sexual Assault Coalition which operates more than 20 local rape services across the state. The Injury Prevention Program also operates the larger Rape Prevention Grant, which complements the PHHSBG Set-Aside. Activities include:*

- *Conducting a conference and planning session. The conference will include national prevention experts who can provide pertinent information addressing the specific needs of local programs. The planning session will utilize a planner to facilitate the strategic planning process guiding prevention efforts in Nebraska.*
- *Maintain and improve the "Step Up Speak Out" social marketing campaign (website and social media sites) promoting bystander engagement and healthy relationships. A youth video project will also be supported to increase dialogue regarding bystander engagement and healthy relationships. Created videos will be posted in conjunction with the social marketing campaign.*

Traumatic Brain Injury (HO IVP-2*): $62,000 utilized to reduce the number of traumatic brain injuries needing emergency department visits or hospitalizations in Nebraska children. Funds are awarded to the NDHHS Injury Prevention Program. Activities include:*

- *Partner with the Brain Injury Association of Nebraska to develop and distribute a concussion/traumatic brain injury awareness and prevention training and a social marketing campaign addressing sports concussion and shaken baby syndrome. Local/district health departments, Safe Kids chapters and other community agencies will also partner on this project.*

Age-Appropriate Child Restraint Use (HO IVP-16*): $62,000 utilized to increase the observed use of child restraints. Funds are awarded to the NDHHS Injury Prevention Program. Activities include:*

- *Provision of child passenger safety training in conjunction with the Nebraska Child Passenger*

Safety Advisory Committee and Safe Kids Nebraska.
- *Provision of technical assistance to Child Passenger Safety Technicians providing child passenger advocacy trainings.*
- *Allocation of at least 10 mini-grants to local technicians to conduct child passenger safety seat checks in their communities.*
- *Development and support of a Child Passenger Safety Training for child care providers related to new licensing regulations and child passenger safety.*
- *Nebraska DHHS continues to serve as an authority on child safety seat use and restraint laws, encouraging participation in Child Passenger Safety Week and providing information to child care centers about the Safe Kids Nebraska Child Care Transportation Training.*

***Deaths from Falls (HO IVP-23**): $56,000 utilized to reduce death and injury rates, as well as reduce hospitalizations and emergency department visits, due to falls. Funds are awarded to the NDHHS Injury Prevention Program. Activities include:*
- *Preventing older adult falls by implementing Tai Chi classes.*
- *Educating public health partners, community partners and the public on the scope of the problem of older adult falls in Nebraska and provide evidence-based prevention strategies.*
- *Participation during national Older Adult Falls Prevention Day providing education on older adult falls prevention at local community events and through media releases.*
- *Support of Tai Chi instructors through update trainings and development opportunities (which include technical assistance and site visits by a Tai Chi consultant).*

DIABETES PROGRAM

***Diabetes Deaths (HO D-3**): $122,400 will be utilized to reduce the death rate due to diabetes through clinical interventions and increasing awareness of preventing and controlling Diabetes. The funds are awarded to the NDHHS Diabetes Prevention and Control Program. Activities include:*
- *Provision of diabetes self-care at two community-based clinics primarily serving minority and low income clients.*
- *Provision of technical assistance and training to clinics participating in a diabetes and cardiovascular electronic registry which helps to direct patient care.*
- *Increasing awareness of diabetes prevention strategies using a social marketing campaign to reach individuals statewide.*

EMERGENCY MEDICAL SERVICES PROGRAM

***Rapid Prehospital Emergency Care (HO AHS-8):** $30,000 utilized to reduce heart disease mortality in targeted counties. The funds are awarded to the NDHHS Emergency Medical Services Program. Activities include:*
- *Designing and implementing a STEMI response system that enables local Emergency Medical Services (EMS) to directly route patients who are experiencing a STEMI or **ST**-segment **E**levation* **M**yocardial **I**nfarction** to a facility capable of treating this cardiac condition. A STEMI response system will need to include 12-lead electrocardiogram (ECG) in the field and transmission of ECG to a facility with definitive care available.*

** ST-segment elevation in an ECG waveform*
***Myocardial infarction, aka: heart attack*
- *Provision of training to local ambulance services in Cardiac Emergency Awareness. Training will also be provided to EMS and medical facility staff regarding transmission of ECGs.*
- *Provision of education to the public about cardiac events and the STEMI alert system through print media, health fairs and subject matter experts at public events.*

INFECTIOUS DISEASE PROGRAM

***New HIV Infection (HO HIV-2**): $54,000 utilized to increase the percentage of high-risk persons tested*

for HIV/AIDS. Funds are awarded to the NDHHS Infectious Disease Prevention and Care, HIV Prevention Program. Activities include:

- *Contracting for anonymous and confidential laboratory testing on 6,000 samples at no cost to the client.*

***Chlamydia (HO STD-1**): $30,000* utilized to reduce the prevalence of Chlamydia trachomatis infection among Nebraskans age 15 to 34 years. Funds are awarded to the NDHHS Infections Disease Prevention and Care, STD Program. Activities include:*

- *Contracting for 3,500 tests for sexually transmitted diseases (STDs) at no cost to the client.*

**Chlamydia and Gonorrhea use dual collection, testing for both STDs from the same specimen.*

***Gonorrhea (HO STD-6**): $21,750* utilized to reduce the prevalence of Gonorrhea infection among Nebraskans age 15 to 34 years. Funds are awarded to the NDHHS Infectious Disease Prevention and Care, STD Program. Activities include:*

- *Contracting for 3,500 tests for sexually transmitted diseases (STDs) at no cost to the client.*

**Chlamydia and Gonorrhea use dual collection, testing for both STDs from the same specimen.*

LIVING WELL (CHRONIC DISEASE SELF-MANAGEMENT) PROGRAM

***Community Based Primary Prevention Services (HO ECBP-10**): $30,000 utilized to develop a formalized system to coordinate, deliver and sustain the Living Well (chronic disease self-management) program at the local level. Funds are awarded to the NDHHS Heart Disease and Stroke Program. Activities include:*

- *Provision of Living Well Leader support and technical assistance to encourage the longevity of Living Well Leaders.*
- *Living Well workshops conducted statewide.*
- *Development of a referral system for participants in pilot communities.*

MINORITY HEALTH PROGRAM

***Culturally Appropriate Community Health Programs (HO ECBP-11**): $77,400 utilized to identify current health disparities and health needs among racial ethnic minorities, Native Americans, refugees and immigrants, as other vulnerable, at-risk populations in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through education of health care providers who serve these populations. Funds are awarded to the NDHHS Office of Health Disparities and Health Equity. Activities include:*

- *Finalization of reports indicating health disparities in minorities. eg: Health Status Reports: Racial Ethnic Minorities, Hispanic/Latinos, African Americans.*
- *Updating minority population growth and socioeconomic status reports.*
- *Preparation of a preliminary report identifying chronic health burdens in minority populations.*
- *Follow-up contact with African Americans who have not returned colon cancer screening kits.*
- *Chronic disease prevention presentations provided by Lay Health Ambassadors.*
- *Community meetings to discuss infant mortality risk factors in American Indian communities.*
- *Provision of cultural intelligence presentations with stakeholders, internal programs and external organizations.*
- *Somali community meetings to increase the cultural intelligence of all stakeholders. Follow-up community meetings will develop an action plan for each individual community regarding the community's access to resources.*
- *Provision of two Sudanese Leadership Trainings to increase cultural intelligence.*
- *Compile a literature review outlining the health status of Sudanese refugees in Nebraska, including recommendations.*

PEOPLE, PLACES AND PARTNERS PROGRAM

***National Data for Healthy People 2020 Objectives (HO PHI-7**): $38,700 utilized to maintain Nebraska's*

health surveillance system at the state and local level and develop processes for collection and analysis of needed health data on all populations for use in development of health status indicators. Information will be provided to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public. Funds awarded to the NDHHS Community Health Planning and Protection Unit. Activities include:

- *Data collection and analysis of 492 indicators, arranged in a multi-sheet spreadsheet which will enable narrative highlights of data analysis to be generated and used by local health departments and other agencies.*
- *Preparation of the Nebraska HP2020 report of objectives including current rates and trends.*

***Health Improvement Plans (HO PHI-15**): $272,000 utilized to increase the capacity of Nebraska's governmental public health agencies to carry out all three Core Functions and all 10 Essential Services of Public Health, focusing primarily on the funded programs within the NDHHS Division of Public Health and 18 LB692* Local/District Public Health Departments. *LB692 was the legislative bill under which the current system of district health departments was established and is funded beginning in May 2001. For the first time, all 93 Nebraska counties are covered by local/district health departments. Funds are awarded to the Community Health Planning and Protection Unit. Activities include:*

- *Monitoring and support by the PHHS Block Grant Coordinator to subawardees to ensure progress.*
- *Provision of technical assistance to local/district health departments by Nebraska DHHS staff. Training opportunities will also be provided.*
- *Provision of additional funding to local health departments to implement evidence-based programming. Funds will be leveraged from state and other federally funded programs, pooled to provide financial assistance.*
- *Provision of training sessions and mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.*

WORKSITE WELLNESS PROGRAM

***Worksite Health Promotion Programs (HO ECBP-8**): $183,000 utilized to strengthen and support Nebraska's worksite wellness councils and expand involvement of local health departments in facilitating establishment and improvement of worksite wellness activities among Nebraska's businesses, large and small. Funds are awarded to the WorkWell Council operated by the Nebraska Safety Council and to the Panhandle Worksite Wellness Council operated by the Panhandle Public Health District. Activities include:*

- *Build capacity of local worksite wellness councils to promote adoption of best practice interventions to protect the health and safety of the workforce.*
- *Worksite Wellness Councils provide technical assistance and training to local businesses in order to establish and grow worksite wellness activities at those sites.*
- *Enhance communication among worksite wellness councils and local health departments encouraging collaboration and continued investment / leveraging of business and community resources.*

***Administrative costs**: Nebraska equates to Indirect Costs charged against salary and fringe benefits in accordance with our current federally approved Indirect Cost Rate (48%). However, the 10% cap imposed on Administrative Cost is not exceeded. Activities include: provision of legal services, accounting services, personnel services, information technology services; office space, utilities, printing, phone, building and equipment maintenance supporting the operation of the PHHS Block Grant.*

Nebraska's PHHS Block Grant Work Plan (grant application) for FY2013 was prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

State Program Title: DIABETES PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Diabetes Program*** is dedicated to preventing death and disability due to diabetes. The program focuses on people living with diabetes or at risk for developing diabetes and on diabetes care providers. Services are delivered in both rural and urban areas of the state.

Health Priorities: During 2010, 450 Nebraska residents died from diabetes (diabetes was the first-listed cause of death on their death certificate). This number translates into a mortality rate of 21.6 deaths per 100,000 population, age-adjusted to the 2000 US population. Diabetes also remained the seventh leading cause of death among Nebraska residents in 2010.

Primary Strategic Partners:

- External: Community Action Partnership of Western Nebraska; Nebraska Medical Center Diabetes Program at OneWorld Community Health Center; CIMRO of Nebraska (Quality Improvement Organization for Nebraska); Certified Rural Health Clinics; Lincoln-Lancaster County Health Department; and others.
- Internal: NDHHS programs which include: Heart Disease and Stroke Program (formerly known as the Cardiovascular Health Program), Nutrition and Activity for Health (NAFH) Program, Comprehensive Cancer Program, Office of Health Disparities and Health Equity, Office of Rural Health, and Breast and Cervical Cancer Program.

Evaluation Methodology:

- The NDHHS Public Health Support Unit, Health Statistics and Vital Records collect and report data including cause of death information.
- The two contracting diabetes clinics gather data on the number of their patients that undergo A1c tests and compare to previous year data.
- The Nebraska Registry Project (NRP) tracks the number of clinics that participate in training and a diabetes quality improvement project. In addition, the NRP documents A1c levels and other diabetes and cardiovascular disease indicators.
- The “Defend Against Diabetes” social marketing campaign tracks the number of hits to the campaign website. A diabetes risk assessment test is available on the website. Data from the risk test is collected, as well as the zip code of the person taking the risk test and how they heard about the campaign.
- Diabetes and pre-diabetes data from the Behavioral Risk Factor Surveillance System (BRFSS) are used to monitor the prevalence of diabetes and pre-diabetes, along with diabetes risk factors among a representative sample of adult residents in Nebraska. Data from the BRFSS diabetes modules are used to monitor (among people who have been diagnosed with diabetes) the proportion who receive certain key preventive health services (A1c tests, dilated eye exams, foot exams, visits to a health professional for diabetes), the percentage who have ever taken a diabetes education class, and the proportion of those who practice self-care management (self-monitoring of blood glucose, foot self-exams, and the prevalence of retinopathy or related symptoms). Questions about the "Defend Against Diabetes" campaign were added to the BRFSS survey to determine statewide awareness of the campaign during 2011.

National Health Objective: D-3 Diabetes Deaths

State Health Objective(s):

Between 10/2012 and 09/2017, **maintain the diabetes death rate at no more than 75 per 100,000 population.**
This rate pertains to those deaths where diabetes was mentioned anywhere on the death certificate.

State Health Objective Status
Not Met

State Health Objective Outcome
In 2011, there were 1,759 diabetes-related deaths, and this number translates into a rate of 82.6 (per 100,000 population; age-adjusted to the 2,000 US population).

Reasons for Success or Barriers/Challenges to Success
Reasons for Successes Achieved:
- Partners contributed their time and expertise to the "Defend Against Diabetes" campaign.
- Expertise and dedication of staff that provided care and education for people with diabetes.

Challenges to Success:
- Decreased funding for the "Defend Against Diabetes" campaign.
- Decreasing participation in numbers of clinics participating. As clinics begin using electronic health records these clinics would have to duplicate entry of this information into the Nebraska Registry Project (NRP). Most clinics do not want to enter health data twice.

Strategies to Achieve Success or Overcome Barriers/Challenges
(+) Partnering with diabetes stakeholders. Gathering suggestions from outside the NDHHS, exploring options to maximize effect of funds.

(-) The NRP is reviewing options that would allow clinics that work with the project to continue without entering data twice.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Partners volunteered their time to work with the Defend Against Diabetes Program and the NRP.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Diabetes Clinical Interventions
Between 10/2012 and 09/2013, partners (NDHHS Diabetes Program, Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and participating Certified Rural Health Clinics) will increase the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by NRP Clinics that had at least one A1c test performed during the previous 12 months from 46% to **51% of community-based program clients**.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, partners (NDHHS Diabetes Program, Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and participating Certified Rural Health Clinics) increased the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by NRP Clinics that had at least one A1c test performed during the previous 12 months from 46% to **70% of community-based clients**.

Reasons for Success or Barriers/Challenges to Success
- Success was influenced by the dedicated staff from programs and clinics that recruited patients into the

program.

- Maintaining working relationships between program staff and clinic staff.

Strategies to Achieve Success or Overcome Barriers/Challenges
- Strategies that were beneficial to success included the use of the planned care model.

- Continued communications with partner clinics.

Activity 1:
Diabetes self-care
Between 10/2012 and 09/2013, contract with two community-based clinics serving primarily minority and low-income clients (Community Action Partnership of Western Nebraska and Nebraska Medical Center Diabetes Program at OneWorld Community Health Center) to provide evidence-based diabetes patient education and interventions, reaching a total of at least 90 new patients with diabetes.
- Community Action Partnership of Western Nebraska (CAPWN) will provide culturally appropriate education and interventions for 50 new individuals with diabetes: Provide and conduct 12 diabetes education sessions, one-on-one diabetes education, smoking cessation information to currently enrolled persons and newly referred persons. CAPWN will continue to participate in Diabetes Collaborative activities (initiative of the Bureau of Primary Health Care to improve diabetes systems change in clinics).
- The Nebraska Medical Center (NMC) Diabetes Program will provide evidence-based culturally appropriate diabetes patient education and materials to 40 patients at OneWorld Community Health Center. NMC will conduct one-on-one education sessions.

Activity Status
Completed

Activity Outcome
Activity Outcome

1. Community Action Partnership of Western Nebraska (CAPWN) provided diabetes services for 671 people with diabetes.

Direct Services provided (Unduplicated number preferred): In the reporting time period, October 1, 2012 – September 30, 2013, CAPWN Health Center's Diabetes Educator and CAPWN Health Center's Nutritional Counselor (CDE) provided diabetes educational services to 140 unduplicated diabetic patients at CAPWN Health Center.

Education/Training provided (Unduplicated number preferred): In the reporting period, October 1, 2012 – September 30, 2013, the CAPWN Health Center Diabetes Educator provided trainings and diabetes education to a total of 214 unduplicated individuals. In addition to the 140 unduplicated CAPWN Health Center patients, there were an additional 63 community individuals who received diabetes training and diabetes education via diabetes presentations/discussions in the community. The Diabetes Educator also gave a presentation to 11 CAPWN Health Center staff who are diabetic or nurses early in the report period. The ongoing diabetes education classes took place in Lyman, Nebraska, a small rural community whose population includes a large Hispanic population. The community diabetes presentations and discussion groups took place at the Lakota Lutheran Center and the Guadalupe Church and were planned events to help diabetics better understand their disease and how to control it. The number of unduplicated individuals who attended the community diabetes presentation and discussion groups is not a guaranteed unduplicated number but it is believed to be very close. The number of unduplicated individuals who attended these meetings throughout the year was as follows:

- Diabetes Support Group at Lyman 7
- Community Members attending Diabetes Presentations/Discussion 56

- CAPWN Health Center staff 11
- One on one Training to CAPWN Health Center patients 140
- Total

214

Types of education/services provided:

The Diabetes Educator covers a variety of topics in her educational efforts with diabetic patients including: pathophysiology of the disease process; complications of all microvascular and macrovascular complications; medications that are prescribed and their actions and side effects; medications that need to be added or changed, adjusting or starting insulin therapy; diet instructions that are individualized according to each patient's needs; smoking cessation; glucose self-monitoring; when giving a free glucometer -instructions on when patient should be checking their blood sugars; information about the 340-B pharmacy program as well as patient assistance plans are provided.

Educational materials are offered in English and Spanish. Videos are offered on starting an exercise program. Group classes and 1:1 education is given in English and Spanish. A Registered Dietician/CDE is available to see patients with dietary special needs, for planned bariatric surgery, or abnormal laboratory values. Diet instructions are also being given to patients that want to start losing weight. As noted earlier in the report, diabetes education classes were offered several times in the report period at Lyman, Nebraska and every two weeks in a community center (Lakota Lutheran Center) in Scottsbluff. The Diabetes Educator also provided diabetes classes on three occasions at the Guadalupe Church. The classes at the church were not well attended so were discontinued.

Number of participant contacts made (Duplicated number): In the reporting period (October 1, 2012 – September 30, 2013) the CAPWN Health Center Diabetes Educator had a total 671participant contacts. The educator contacts came in the form of targeted classes for diabetics; community presentations about diabetes and one on one contact with CAPWN Health Center patients. Of the 140 CAPWN Health Center diabetic patients seen in the reporting year there were 174 individual one on one diabetic encounters.

- Class contact at the Lyman community 43
- Community presentations 454
- One on one Education with CAPWN Health Center patients – 174
- Total 671

CAPWN Health Center performed 961 A1c tests in FY 2013 compared to 883 A1c tests in FY2012. This is an increase of 78 A1c tests or just under **9%.** CAPWN Health Center had a total of 802 diabetic patients in its chronic disease registry (see below) in the reporting year. Of those 802 diabetic patients 398, patients had at least two A1c test and another 165, who had one A1c test.

From October 1, 2012- September 30, 2013, CAPWN Health Center provided diabetes and cardiovascular disease risk reduction to **85** new diabetic patients. In the last six months of this report period, CAPWN Health Center saw a steady increase in new diabetic patients in the clinic.

2. **Nebraska Medical Center (NMC) Diabetes Program/One World Community Health Center** in Omaha

A total of 143 patients were seen from October 1, 2012 through September 30, 2013. Of the 143 contacts, 109 were new patients and 34 were follow-up appointments.

100% of individual diagnosed with diabetes receive a Hemoglobin A1C test every 3-6 months. Those with uncontrolled diabetes with A1C test results above 9% are targeted and seen by education staff and/or medical staff monthly. Additional services are offered as needed including meeting with the Social Worker regarding financial barriers and meeting with Behavioral Health regarding emotional barriers.

Individuals with gestational diabetes or pre-diabetes do not receive regular A1C tests.

NMC provided a Registered Dietitian who is also a Certified Diabetes Educator to the One World Health Center for diabetes education. A total of 16 hours each month is offered for individual patient appointments and/or group classes. Appointments are being offered in 30 minute sessions. Trained Spanish Interpreters are provided by One World Health Center as needed.

The clients are typically seen by one of the diabetes nurses at One World via an initial one-on-one appointment and/or in a group class. They are then scheduled for an individual appointment with the dietitian. The group class/group visit covers self-management topics including monitoring blood sugars, medication management, prevention of complications and basic nutrition guidelines based off AADE 7 Self-Care Behaviors. In addition, clients are given a foot exam and an eye exam. They will also be seen by a One World physician at this same time. The group class along with the individual nutrition appointment is comprehensive and meets the requirements for recognition via the American Diabetes Association (ADA).

During the individual appointment with the dietitian, a detailed nutrition assessment is completed and a plan of care is determined. Patients are typically provided with individual meal and exercise plans. Additional education is provided as needed on topics such as pre-diabetes, hyperlipidemia, low-sodium guidelines, weight management, prevention of diabetes-related complications, medication management, home glucose monitoring, etc.

The number of patients with gestational diabetes seen at One World is increasing. Thirty percent of new patients seen during this year had gestational diabetes. Since presumptive Medicaid was restored for Spanish women with gestational diabetes, the number has declined. Those individuals still receive their initial class at OneWorld Community Health Center and are then referred to the NMC Diabetes Center for follow-up class taught by a registered dietitian. They are seen for individual follow-up appointments at the NMC Diabetes Center based off individual need; and ADA/Academy of Nutrition and Dietetics/clinical recommendations.

Follow-up appointments with the dietitian and staff nurse are determined on an individual basis. The nurse educators at One World provide follow-up phone calls to specific patients for titration of insulin and/or diabetes medications. Individuals with an A1C test result greater than 9% are being flagged and targeted for more intensive follow-up.

Spanish education material is provided that is culturally relevant and is purchased through grant funds. Pharmaceutical companies provide some of the initial supplies including insulin kits and education brochures. Meters, strips and additional syringes are being offered through the “Hope Pharmacy” for a reduced fee based off income on a sliding scale.

A total of 143 patients were seen from October 1, 2011, through September 30, 2012, for one-on-one dietitian visits. The percentage of new patients out of the total number seen was 76% which is a decrease of 10% as compared to last year. The no show rate of 37% is 9% lower as compared to 2012. Improvements in the show rate are most likely related to the support staff at OneWorld contacting patient's 24 to 48 hours prior to their appointments.
On-going meetings with the staff at One World Health Center are planned as needed to continually assess the effectiveness of the program. Steps are currently being taken by the diabetes education staff to make sure patients are receiving phone call reminders to help improve show rates. The new procedure is to have support staff contact patients 2-3 days prior to their appointment. In the event the patient cancels, the support staff and/or diabetes educators attempt to fill the vacant appointment times.

A1c tests are measured at 3-month intervals on all patients in the program with the exception of those with gestational diabetes and pre-diabetes. Average A1c results at initial appointment were 9.7%, 1-3 month follow-up- 7.9%, 3-6 month follow-up-8.2% and 6 months to 1 year-9.0%. These results are very similar as compared to fiscal year 2011/2012 with average A1c test result at initial appointment of 9.3%, 1-3 month follow-up of 7.9%, 3-6 month follow-up-7.6% and 6-12 month follow-up-8.4%. The A1c test

results during follow-up appointments were higher this year in comparison to 2012, which is related to patients having a higher A1c at their initial appointment.

Reasons for Success or Barriers/Challenges to Success
(+) The expertise and dedication of clinical staff that provide care and education for people with diabetes.

(-) Low socioeconomic status of the population that attend the clinics.

Strategies to Achieve Success or Overcome Barriers/Challenges
- Working with the NMC Diabetes Center to assist with education.

Activity 2:
Nebraska Registry Partnership
Between 10/2012 and 09/2013, provide technical assistance and training to 4 clinics participating in the NRP, which is based on the Planned Care Model and evidence-based diabetes and cardiovascular standards of care. Technical assistance will include implementation and evaluation of a clinic-based diabetes quality improvement project, clinic data interpretation, and educational offerings to clinics. The NRP is a web-based diabetes and cardiovascular electronic registry which documents diabetes and cardiovascular indicators (indicators include A1c, eye exam, foot exam, microalbuminuria, pneumonia immunization, flu immunization, blood pressure, cholesterol, HDL, LDL, triglycerides, aspirin use, tobacco assessment, tobacco education, and weekly exercise).

Develop a long-term comprehensive evaluation plan for the NRP.

Activity Status
Completed

Activity Outcome
The NRP continued to serve people with diabetes and cardiovascular disease in rural Nebraska. Tilden Community Hospital (TCH) Medical Clinic did an excellent job in entering data on time and following guidelines, and has increased the percentage of people tested for cholesterol. In addition, TCH Medical Clinic started a project on medication management. All the registry patients were given an insulated bag to carry their medications. Patients were instructed to bring the bag with all of their medications along with supplements, etc with them to each office visit, emergency room visit, hospitalization, and to out-of-town specialist visits. Written instructions were printed on glossy paper and placed inside the bag. The TCH patients are older. The medication bag was a way for staff to help patients manage prescriptions so the clinic/hospital could update medication lists, check for duplications, drug interactions. The medication bag also was instrumental in assuring the patients knew what medication, dose and time to take the medication. Tilden is a small town and most of its residents all go to the TCH clinic (the only clinic in town). Staff was able to raise awareness of these efforts by having doctors write articles in the town newspaper and having pharmacists talk about medication management for interested citizens at the public library. THC staff did a great job of coordinating multiple members of the healthcare team to all work towards the same goal of patient safety and medication management.

The percentage of people in the registry with an A1c value of less than 7 is 61%, in the previous year the A1c value less than 7 was 57%.

The NRP coordinator worked with the clinic on quality improvement focusing on A1c, blood pressure, and cholesterol by providing monthly and quarterly reports with written analysis and regular phone calls.

Reasons for Success or Barriers/Challenges to Success
(+) Expertise of the NDHHS Diabetes and Heart Disease and Stroke Prevention Staff that operate the program.

(-) Clinics are declining to participate due to electronic medical records being implemented and the lack of compatibility with the Diabetes/CVH Registry at a reasonable cost. Clinics are also unwilling to enter

data into the electronic medical record and then a second time into the registry.

Strategies to Achieve Success or Overcome Barriers/Challenges
The NRP is working to determining the course of action with the registry and how the diabetes and cardiovascular registries can proceed with a clinic declining participation in the project. The NRP has been talking with Blue Cross/Blue Shield (BC/BS), which is working on a registry project, to determine if NRP can participate in the BC/BS project. The NRP has also been talking with the Guideline Advantage program, which is a co-sponsored project of the American Heart Association, American Diabetes Association, and the American Cancer Association. The Guideline Advantage project can pull data from medical records for a registry, decreasing the burden on clinic staff of multiple entries of data.

Impact/Process Objective 2:
Increase awareness of the prevention and control of diabetes.
Between 10/2012 and 09/2013, Diabetes Program and "Defend Against Diabetes" Task Force will increase the number of individuals that are aware of diabetes prevention strategies from 770 to **1,000 persons**.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, Diabetes Program and "Defend Against Diabetes" Task Force increased the number of individuals that are aware of diabetes prevention strategies from 770 to **1200**.

Reasons for Success or Barriers/Challenges to Success

- Success was due to partners that contributed to the "Defend Against Diabetes" Campaign. Even though there were limited funds, partners contributed time to develop and implement the campaign. Campaign partners included Lincoln Lancaster County Health Department, University of Nebraska Medical Center Diabetes Program, CIMRO of Nebraska, American Diabetes Association, St. Francis Medical Center, Mary Lanning Memorial Hospital, Cooperative Extension, East Central District Health Department, WISEWOMAN Program, Heart Disease and Stroke Prevention Program, Tobacco Free Nebraska Program, Nebraska Diabetes Educators Association, and others.

- Decreased funding for the campaign from FY2012 to FY2013.

Strategies to Achieve Success or Overcome Barriers/Challenges
Work with partners to develop a more cost effective campaign.

Activity 1:
Conduct "Defend Against Diabetes-Nebraska Families Team Up" (social marketing campaign)
Between 10/2012 and 09/2013,
- Update campaign messages.
- Develop outdoor advertising in communities across Nebraska.
- Develop a diabetes risk test for pre-diabetes for use on website.
- Update "Defend Against Diabetes" website.
- Develop and air paid radio messages.
- Provide educational materials to health care providers.
- Convene task force meetings bi-monthly.

Activity Status
Completed

Activity Outcome
The Defend Against Diabetes campaign has been a success with people from almost every one of

Nebraska's 93 counties being screened. At the end of the grant period, 4,623 people had been reached. The biggest success came from emails sent out to coincide with Diabetes Alert Day, March 26, 2013. An email was sent to state employees in every agency. A local worksite wellness group sent an email to their partner businesses. The largest number of respondents was from Lancaster county. Because of the success of the worksite wellness partnership and number of people from Lincoln who took the test, the attached report (Diabetes Risk Score Lancaster County Results) broke down the results of the Diabetes Risk Score by category. Respondents were asked to take a short survey to get a free cookbook or free diabetes information. Hundreds of healthy eating cookbooks and diabetes prevention information packets were mailed out.

In the fall, the focus of Defend Against Diabetes changed so that is was more of a means to educate people about the Diabetes Prevention Program. The test was changed so that it is the test that is used as qualifying criteria to get into the program. Defend Against Diabetes will continue to be used as a way to enhance efforts to facilitate referrals into the DPP.

Reasons for Success or Barriers/Challenges to Success

- Success was due to partners that contributed to the "Defend Against Diabetes" campaign. Even though there were limited funds, partners contributed time to develop and implement the campaign.
- Challenges included reduced funding for the campaign.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Partners working together to develop and implement campaign strategies that require little funding.

State Program Title: EMERGENCY MEDICAL SERVICES PROGRAM

State Program Strategy:

Program Goal:
The PHHS Block Grant-funded **Emergency Medical Services (EMS) Support Program** is dedicated to improving the capacity of local ambulance services to provide emergency care to the sick and injured in Nebraska. Cardiac emergencies are one of the more common calls to which EMS responds. The foci of the following activities are to improve public and/or victim recognition of a cardiac emergency, early access of the emergency medical response system and improve the EMS response to these victims.

Health Priority:
Decrease the mortality and morbidity from myocardial infarctions. Based on the 2011 Nebraska Vital Statistics Report, death due to heart disease was the second leading cause of death.

Primary Strategic Partners:
External – Catholic Health Initiatives, Nebraska Heart Institute - Lincoln, Bryan Health - Lincoln, Good Samaritan Hospital - Kearney, Jennie M. Melham Memorial Medical Center - Broken Bow, Valley County Health System Ord, Nebraska City EMS, Cooper Nuclear Emergency Response Team, Syracuse EMS, Wahoo Rescue, ProMed EMS, Loup City EMS, Valley County Ambulance, Litchfield Ambulance Service, Axtell Volunteer Fire and Rescue Department, Arcadia Fire and Rescue Department, Donald Rice, MD., Cardiologists and Physicians associated with the aforementioned Hospitals, American Heart Association.
Internal: NDHHS programs which include: Unit of Health Promotion, Office of Community Health Planning and Performance Management, Office of Rural Health, Office of Vital Statistics, Heart Disease and Stroke Prevention Program, Operations, Communications and Legislative Services.

Evaluation:
Create a written report which reflects the following:
- Number of Services and EMS providers attending cardiac emergencies classes.
- Number of services trained on 12-lead electrocardiogram (ECG) placement, data collection, and transmission of ECG data.
- Evaluation of a specific type of heart attack, ST-segment Elevation (in an ECG waveform) Myocardial Infarction (STEMI), Alert and Response System based on statewide EMS model protocols.
- Education of rural physicians on EMS capabilities of capturing and transmitting 12-lead ECG information.
- The collaborative activities with the Nebraska Department of Health and Human Services (NDHHS) Heart Disease and Stroke Prevention Program and other NDHHS programs.
- Number and type public education activities.
- The creation, evaluation and implementation of the planning process to purchase additional 12-lead capable defibrillators.
- A summary of technical assistance provided by Information Technology design specialist.
- A summary of information created and released by the NDHHS Office of Communication and Legislative Services.
- A summary of DHHS EMS Specialists activities.
- A summary public education and activities in regards to cardiac emergencies as provided by EMS.

National Health Objective: AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2012 and 09/2017, reduce heart disease mortality in the targeted counties by 5%

State Health Objective Status

In Progress

State Health Objective Outcome
To achieve the goals established in the State Health Objective, "to reduce heart disease by 5% in the targeted counties," the EMS Program envisions the establishment of multiple means as the solution. These means are
1) Establishment of a STEMI Response System
2) Professional and public education and training
3) The establishment of a rapid Emergency Medical Service response system.

During the past year, the following activities have aided in meeting the objectives:
1. Public Education and Awareness
- Newspaper Articles
- TV and Radio Spots
- The sharing of a STEMI survivor's story
- Great Plains Regional Medical Center Healthy Heart Check
- Nebraska City EMS and Fire participation in Healthy Heart checks with targeted high school students

2. Statewide STEMI EMS Response Model Protocols
The completion and introduction of statewide STEMI response model protocols.

3. Emergency Medical Service Education and Training
- Creation and implementation of a basic life support (BLS) Cardiac Emergency and STEMI Response class.
- EMS training on placement of 12 lead ECG equipment, capturing the 12 lead ECG, transmission of the ECG to an appropriate level for interpretation.
- Education and training of basic and advanced life support personnel in cardiac emergencies.

4. Implementation of STEMI Response Systems
- Cooper Nuclear Basic Life Support Team
- North Platte EMS and Fire
- Nebraska City EMS and Fire
- Grand Island EMS and Fire
- Good Samaritan Hospital EMS
- Syracuse Rescue

5. Statistical Analysis of EMS Data
Analysis of EMS data which aids in targeting focused education and training on cardiac emergencies as well as identifying potential areas in need of a STEMI response system.

Secondarily, the EMS Program is also assaying the quality patient care documentation with particular focus on potential cardiovascular emergencies.

6. Utilization of the NDHHS EMS Program Physician Medical Director
Key to the implementation of STEMI response system is the cooperation of local physicians and hospitals. The utilization of Dr. Rice, the NDHHS EMS Program Physician Medical Director, has opened the doors for conversation with physicians on the local level.

Reasons for Success or Barriers/Challenges to Success
Reasons for success
1) Cooperation between NDHHS EMS Program Staff, hospitals, Basic and Advanced Life Support Services and heart catheterization facilities.
2) Professional education programs which provide excellent training on managing cardiac emergencies.
3) Local physician support and leadership.
4) The leadership of local and regional physicians and hospital administrators to allow their hospital systems to engage in a STEMI response system.

Strategies to Achieve Success or Overcome Barriers/Challenges
Increasing interest of local health care providers, hospitals and businesses in helping to provide educational opportunities.

Establishing and strengthening working relationships between NDHHS EMS Program Staff and EMS, local information technology technicians, physicians, law enforcement, regional emergency planners, city managers and the media.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Cooper Nuclear Emergency Response Team: Through the utilization of PHHS BG funds allotted for education and training, the Cooper Nuclear Emergency Response Team was appropriated internal funding for the purchase and implementation of ECG equipment.

While teaming with the PHHS BG, Great Plains Regional Medical Center provided staffing and facilities for a "Healthy Heart Check" day. The public was given the opportunity to have an ECG. As a result, several people were diagnosed with a cardiac arrhythmia and one patient was actually experiencing an active heart attack. This patient's life was saved!

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Create, implement and/or enhance STEMI Response System/s
Between 10/2012 and 09/2013, NDHHS EMS Support Program will provide update training and technical assistance in the creation or further enhancement of cardiac emergency response systems to **8** EMS Services.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS EMS Support Program provided update training and technical assistance in the creation or further enhancement of cardiac emergency response systems to **12** EMS Services.

Reasons for Success or Barriers/Challenges to Success
Through education, training and situational awareness, local EMS providers are beginning to understand that their response to a cardiac emergency makes a significant difference in the morbidity and mortality of patients. It is important that the administration of EMS providers feel a need to implement rapid response and offer additional training to their staff. By communicating with the administrative individuals, programs and education that benefit the community can be considered.

Strategies to Achieve Success or Overcome Barriers/Challenges
Broad based utilization of educational programs and facilities to provide in depth education and training.

Through the encouragement, support and assistance of local hospitals, physician medical directors and cardiologists in proving that rapid response and use of modern technologies make a difference in the morbidity and mortality of patients suffering a cardiovascular emergency.

Activity 1:
Provide Technical Assistance and Expertise

Between 10/2012 and 09/2013, create, implement and/or enhance rapid transport system/s for STEMI patients to definitive care.

Activity Status
Completed

Activity Outcome
Through the use of the NDHHS EMS administration and specialists, EMS/Trauma Program Physician Medical Director, cardiologists across the state and local physicians who are familiar with their unique local circumstances, additional opportunities for enhancing the cardiac emergency response system were identified.

The areas enhanced:
1) North Platte - involving the North Platte EMS and Fire Advanced Life Support Service in conjunction with the Basic Life Support Services in Curtis and Maywood.
2) Kearney - involving the Good Samaritan Hospital EMS Advanced Support Life Service in conjunction with the Basic Life Support Services in St. Paul and Loup County.
3) Grand Island - involving the Grand Island EMS and Fire Advanced Support Life Service in conjunction with the Basic Life Support Service in St. Paul.
4) Syracuse - involving the Syracuse Rescue Advanced Support Life Service which serves a large part of central Otoe County.
5) Nebraska City - involving the Nebraska City EMS and Fire Advanced Support Life Service which serves a large part of eastern Otoe County.
6) Beatrice - involving the Beatrice EMS and Fire Advanced Support Life Service which serves a large part of Gage County.

Reasons for Success or Barriers/Challenges to Success
Increased education, training and communication between local physicians, hospitals and cardiac catheterization services. Without coordination by NDHHS, many EMS services would not explore methodological or technical advancements in treatment.

Strategies to Achieve Success or Overcome Barriers/Challenges
By utilizing the knowledgeable staff in NDHHS: the EMS Program administrator and the regional EMS specialists, as well as the assistance of Don Rice, MD (NDHHS EMS Program Physician Medical Director), the six areas listed above were able to work toward a STEMI response system.

Activity 2:
Information Technology Personnel
Between 10/2012 and 09/2013, contract with an information technology consultant to identify and establish the means of transmitting ECG information from the field to definitive care facilities.

Activity Status
Completed

Activity Outcome
The information technology (IT) consultant identified two basic life ECG machines that are capable of capturing and transmitting an ECG. The IT consultant also identified other types of server systems and software to aid in the transmission of the ECG.

Reasons for Success or Barriers/Challenges to Success
Utilization of Don Rice, MD who is also a medical informaticist. Dr. Rice is the NDHHS EMS Program Medical Director.

Strategies to Achieve Success or Overcome Barriers/Challenges
By contracting with the correct person and profession (Dr. Rice and the IT consultant), the ECG technology and the transmission technology were able to be identified. Providing this information to the

EMS Services allows the proper equipment and technology to be purchased or put into future budgets, fundraising efforts or grant proposals.

Activity 3:
Involve a STEMI System Expert
Between 10/2012 and 09/2013, contract with a system design expert to assist in the evaluation, design and implementation of a rural STEMI response system.

Activity Status
Completed

Activity Outcome
Completed through the use of Dr. Rice, NDHHS EMS Program staff and a variety of local hospital administrators, physicians and cardiologists. NDHHS EMS Program staff assisted in the collaborative efforts.

Reasons for Success or Barriers/Challenges to Success
Success was delivered through cooperative teamwork in discovering and implementing a system which provides positive patient outcomes.

Strategies to Achieve Success or Overcome Barriers/Challenges
Involve people and organizations who communicate and collaborate well. It is important these people and organizations have a passion for positive patient outcomes.

Activity 4:
Study of current basic life support practices
Between 10/2012 and 09/2013, establish a baseline understanding of current basic life support practices and procedures in response to a cardiac emergency.

Activity Status
Completed

Activity Outcome
Utilized a paramedic to study aggregated EMS data from the targeted counties indentifying current out-of-hospital care practices and procedures.

Reasons for Success or Barriers/Challenges to Success
A paramedic who studies and analyzes EMS trends reviewed the data to provide an overview of current basic life support practices and procedures in response to cardiac emergency.

Strategies to Achieve Success or Overcome Barriers/Challenges
Success was derived with the use of an electronic EMS data collection system called e-NARSIS. This allowed the same types of information to be garnered from the EMS services.

Activity 5:
Educate public response to cardiac emergency
Between 10/2012 and 09/2013, conduct localized training on the recognition of a cardiac emergency, accessing the 911 system, retrieving and placing an automatic defibrillator on the patient.

Activity Status
Completed

Activity Outcome
Local radio and TV spots, newspapers articles.

Reasons for Success or Barriers/Challenges to Success

Local EMS providers were interested in making sure those who are in need of emergency care do not hesitate to activate EMS (calling 911) for assistance and teaching the public utilize an automatic external defibrillator for a victim of cardiac arrest..

Strategies to Achieve Success or Overcome Barriers/Challenges
Success was in part due to local media, including television, radio and newspapers.

Impact/Process Objective 2:
Perform local training
Between 10/2012 and 09/2013, the NDHHS EMS Support Program will provide Cardiac Emergency Awareness Training to **5** Ambulance Services in Nebraska.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, the NDHHS EMS Support Program provided Cardiac Emergency Awareness Training to **at least 15** Ambulance Services in Nebraska.

Reasons for Success or Barriers/Challenges to Success
Reasons for success include distance learning technologies, a conference designed specifically for advanced life support providers and focused education on the pathophysiology of a cardiac emergency.

Strategies to Achieve Success or Overcome Barriers/Challenges
Success strategies included use of the Creighton University EMS Training Program, as well as basic education provided to basic EMS providers.

Activity 1:
Provide Cardiac Emergency Response Training
Between 10/2012 and 09/2013, the NDHHS EMS Support Program will provide education and training to **5** ambulance services on Cardiac Emergency Awareness.

Activity Status
Completed

Activity Outcome
At least 15 emergency services, including Advanced and Basic Life Services, as well as at least 155 EMS providers participated in over 530 classroom hours in the recognition of, response to, treatment and transport of a patient experiencing a cardiovascular emergency.

Reasons for Success or Barriers/Challenges to Success
EMS providers showed interest in improving their ability to provide excellent emergency response care.

Strategies to Achieve Success or Overcome Barriers/Challenges
Cooperative planning and execution lead to multiple successful trainings.

Activity 2:
Attain ECG in the field
Between 10/2012 and 09/2013, educate 2 rural Services to attain an ECG in the field and transmit the patient care file in e-NARSIS or other appropriate information system/s.

Activity Status
Completed

Activity Outcome
At least three services were trained in attaining and transmitting 12 lead ECG from the field.

Reasons for Success or Barriers/Challenges to Success
Success was achieved through cooperation with ambulance services, physician medical directors, local hospitals and the receiving catheterization labs.

Strategies to Achieve Success or Overcome Barriers/Challenges
Many hours of meetings by the NDHHS EMS Program Staff, as well as EMS Provider active participation in the trainings led to success.

Activity 3:
ECG data retrieval
Between 10/2012 and 09/2013, educate the staff of 3 receiving facilities to retrieve patient care and ECG information from e-NARSIS or other information systems.

Activity Status
Completed

Activity Outcome
Seven hospitals were trained in the retrieval of EKG information transmitted by EMS.
Hospitals included:
- St. Mary's Hospital (Nebraska City)
- Community Memorial Hospital (Syracuse)
- Nemaha County Hospital (Auburn)
- Nebraska Heart Hospital (Lincoln)
- Bryan Health (Lincoln)
- Good Samaritan Hospital (Kearney)
- Great Plains Regional Medical Center (North Platte)

Reasons for Success or Barriers/Challenges to Success
The desire of EMS services and hospitals to provide excellent care to a patient suffering a cardiovascular emergency. Discussion and collaboration between the local EMS providers, local hospitals and hospitals with cardiac catheterization capabilities were essential for success.

Strategies to Achieve Success or Overcome Barriers/Challenges
Cooperation between hospitals and ambulance service staff lead to success.

Impact/Process Objective 3:
Provide public awareness training on cardiac emergencies
Between 10/2012 and 09/2013, NDHHS EMS Support Program will conduct **5** informational meetings at public events to increase awareness of cardiac emergencies among the general public.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS EMS Support Program conducted **15** informational meetings at public events to increase awareness of cardiac emergencies among the general public.

Reasons for Success or Barriers/Challenges to Success
The use of multiple electronic and print media outlets as well as two large local heart health checks.

Strategies to Achieve Success or Overcome Barriers/Challenges
Cooperative planning, support and encouragement of local emergency medical service providers, physicians and the NDHHS EMS Program staff aided in the overwhelming success of the objective.

Activity 1:

Public Education
Between 10/2012 and 09/2013, provide at least five (5) Cardiac Emergency Awareness Trainings through the use of printed materials and subject matter experts at public events.

Activity Status
Completed

Activity Outcome
Focus was placed on three geographic regions utilizing the mediums of radio, television, newspaper and a public event to communicate the messages of early recognition of an impending cardiac emergency and the early activation of the local 911 system.

The targeted areas included the counties of Otoe, Valley, Loup and Lincoln, although the media chosen would have distributed the message beyond their boundaries.

The Otoe County area, through cooperation with Nebraska City EMS and Fire, received cardiac emergency awareness and accessing the 911 system training through:
1) 100-thirty second ads which provided 50 minutes of air time.
2) Local newspaper ran ads twice a week for four weeks with a circulation of 2,100 per printing.

The Loup and Valley County area, through cooperation with the Valley County Health Systems, received the cardiac emergency awareness and accessing the 911 system training through:
1) 100-sixty seconds ads which provided 100 minutes of air time.
2) Three local newspapers ran ads with a combined circulation total of 4,600.

The Lincoln County area, through cooperation with Great Plains Regional Medical Center and North Platte EMS and Fire, received the cardiac emergency awareness and accessing the 911 system training through:
1) Two local television stations for a combined total of 49.5 minutes of air time
2) Four local radio stations for a combined total of 1 hour and 28 minutes of air time.

The Great Plains Regional Medical Center, in cooperation with North Platte EMS and Fire, provided a Healthy Heart Check forum at the medical center. Educational materials were provided as well as a free ECG to those wishing to experience an ECG procedure. Fortunately, several attendees had arrhythmias identified. One attendee was actually in the early stages of suffering a heart attack and sent on for treatment immediately.

Reasons for Success or Barriers/Challenges to Success
Use of local health care providers encouraging their constituents to attend, and providing the information and training to their fellow citizens.

Strategies to Achieve Success or Overcome Barriers/Challenges
Success was achieved through the use of a commonly shared message as well as the assistance of the NDHHS EMS Program staff.

Activity 2:
Collaborate with NDHHS Heart Disease and Stroke Prevention Program
Between 10/2012 and 09/2013, collaborate in designing, implementing and conducting public education on cardiovascular health and emergencies.

Activity Status
Not Completed

Activity Outcome
No collaboration with NDHHS Heart Disease and Stroke Prevention Program was required due to projects being carried out locally.

Reasons for Success or Barriers/Challenges to Success
The local EMS System created and utilized their own educational resources instead of needing the educational resources provided by NDHHS Heart Disease and Stroke Prevention Program.

Strategies to Achieve Success or Overcome Barriers/Challenges
The NDHHS EMS Program will facilitate a cooperative agreement between the NDHHS Heart Disease and Stroke Prevention Program for future use, if the local EMS deems this assistance necessary.

Activity 3:
Collaborate with the NDHHS Communications and Legislative Services
Between 10/2012 and 09/2013, collaborate in creating public service announcements and/or articles in relation to the STEMI Alert and Response System.

Activity Status
Not Completed

Activity Outcome
No collaboration with NDHHS Communications and Legislative Services was required due to projects being carried out locally.

Reasons for Success or Barriers/Challenges to Success
The local EMS System created and utilized their own resources instead of needing the resources provided by NDHHS Communication and Legislative Services Program.

Strategies to Achieve Success or Overcome Barriers/Challenges
The NDHHS EMS Program will facilitate a cooperative agreement between the NDHHS Communication and Legislative Services Program in the future, if the local EMS requires assistance.

Activity 4:
Conduct an ECG health fair
Between 10/2012 and 09/2013, Conduct an ECG health fair for high school students from 1 rural high school.

Activity Status
Completed

Activity Outcome
Nearly 220 - 12 lead ECG were attained from students (which represents nearly 50% of the total student population) during their fall sports physical at Nebraska City High School.

Reasons for Success or Barriers/Challenges to Success
The following led to success of this project:
1) Coordination and collaboration with Nebraska City High School administration and staff.
2) Parents were informed of the project and provided signed permission slips allowing their son/daughter to receive the 12 lead ECG.
3) Students obtained their ECG by an EMS provider of the same gender.
4) The ECG tracing was the interpreted by a pediatric cardiologist. The interpretation and the ECG tracing were forwarded to the primary care physician of the student. This tracing can serve as a baseline test for future use.

Strategies to Achieve Success or Overcome Barriers/Challenges
Excellent planning and execution was provided by the school and EMS officials.

State Program Title: INFECTIOUS DISEASE PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Infectious Disease Program*** is dedicated to limiting infection with two Sexually Transmitted Diseases (STDs), Chlamydia and Gonorrhea, as well as Human Immunodeficiency Virus (HIV) in Nebraska. This program provides free testing at selected sites for residents of Nebraska who are at risk of infection with HIV and STDs. Subsidizing the cost of laboratory testing makes testing accessible to all, increases awareness of disease status and ultimately helps prevent the spread of infection.

The Infectious Disease Program helps to accomplish the goals of two statewide disease control programs:

- NDHHS Sexually Transmitted Disease Program aims to control and prevent the transmission of STDs and reduce the disease burden and cost of treating these infections. By identifying cases among high risk populations at public clinics, the overall rate of infection will be reduced.
- NDHHS HIV Prevention Program aims to lower HIV infection, illness and death rates and create an environment of leadership, partnership and advocacy which fosters HIV prevention and the provision of services. By identifying cases among high risk populations, providing counseling and testing sites and related services, the overall rate of infection will be reduced.

Health Priorities:

STDs:

- Chlamydia is the most common STD in Nebraska, accounting for 5,553 cases in 2009.
- Gonorrhea is the second most common STD in Nebraska, accounting for 1,384 cases in 2009.

HIV/AIDS: During 2009, a total of 146 persons were diagnosed with HIV or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska, as well as 1,673 persons were living with HIV/AIDS.

Primary Strategic Partnerships:

STDs: STD clinics, family planning facilities, correctional centers, student health centers, Indian Health Services, substance abuse centers and other medical facilities seeing persons with high-risk behaviors. Contractor: Nebraska Public Health Laboratory at the University Nebraska Medical Center (UNMC).
HIV/AIDS: Local health departments, Title X Family Planning Clinics, public health centers, correctional facilities, community-based organizations which provide HIV counseling and testing services across the state of Nebraska. Contractors: Nebraska Public Health Laboratory at UNMC, Heritage Laboratories in Kansas, Center for Disease Detection in Texas.

Evaluation Methodology:

Progress is tracked through the following means:
STDs: Monitoring performance of laboratory contractor through reports and billing, calculation of rates using U.S. Census figures for comparison, calculation of cost benefit using CDC formula.
HIV/AIDS: Monitoring performance of laboratory contractors through lab testing documents and billing, and clinic patient service forms, generating data using Counseling and Testing (CTS) and Program Evaluation and Monitoring System (PEMS).

National Health Objective: HIV-2 New HIV Infection

State Health Objective(s):

Between 10/2010 and 09/2015, **Increase the percentage of high-risk persons tested for HIV/AIDS to at least 70% of total tests performed.**

State Health Objective Status

Exceeded

State Health Objective Outcome
From 10/2012 - 09/2013 Nebraska HIV Testing provide 9,433 HIV tests of those 7,437 (79%) individuals identified behaviors considered high risk.

Reasons for Success or Barriers/Challenges to Success
The Nebraska HIV Counseling and Testing Program continues to work with agencies providing feedback on testing activities occurring at the Nebraska HIV test sites. Also continued work to provide the HIV test that will work best for test sites and their populations. Continued procurement of new HIV tests encourages agencies to build HIV tests into their clinic and can often mean lower prices for testing costs.

Strategies to Achieve Success or Overcome Barriers/Challenges
Completing Test Sites during the grant year and providing feed back to test sites is important to maintaining open communication regarding the needs and work of our HIV test sites. Continued work by the HIV Counseling and Testing Manager to learn about new testing technologies and work with agencies to ensure they are able to provide the most complete care in a concise manner.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
Nebraska HIV Counseling and Testing Program leverages funds to pay for Laboratory HIV tests and Rapid test kits. Funds are combined with HIV Prevention funds to defray testing costs so that program training and subgrant activities can be supported.

The HIV Prevention funds support staff salary/fringe/indirect and other parts of the overall HIV Program, including counseling and related services to those living with HIV/AID.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
HIV Lab Testing
Between 10/2012 and 09/2013, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, will conduct **6,000** tests, providing anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, conducted **9433** tests, providing anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success
In 2013 the Nebraska HIV Counseling and Testing Program increased testing through outreach activities. HIV sites were required to perform outreach activities in their communities this helped agencies gain exposure for the services they provide and also provide testing in areas or with populations that are disproportionately affected by HIV.

Strategies to Achieve Success or Overcome Barriers/Challenges
Nebraska HIV CTR will continue to encourage outreach testing activities and provide feedback to agencies about current trends in risk factors statewide. This will ensure that Nebraska HIV Program is being transparent about what requirements and goals we have for HIV Testing in Nebraska.

Activity 1:

HIV Samples Tested

Between 10/2012 and 09/2013, contract for laboratory testing on samples. Number of tests to be completed using PHHSBG funds:

- 40 HIV Western Block tests at $94 per test.
- 6,000 Rapid Tests at $12 per test.

Activity Status

Completed

Activity Outcome

From 10/1/2012 to 09/30/2013, 9443 tests were completed by Nebraska HIV Test Sites of those 8418 were rapid tests, and 1,014 were laboratory completed tests.

Reasons for Success or Barriers/Challenges to Success

Nebraska HIV Counseling and Testing Program continues to work with HIV test manufacturers to not only procure tests that help take responsible care for public funds but also work into each individuals sites clinic flow. Each HIV test is reviewed by test sites and the test that closely fits into the clinic flow of that site is the one that is adopted. We move to make sure that clinic staff and clients receive the most complete but concise care.

Strategies to Achieve Success or Overcome Barriers/Challenges

The HIV Prevention Staff complete yearly site visits at Nebraska HIV testing sites and identify issues including those of clinic flow. Tests are chosen that best serve the clinic and the population who receives services. The HIV Counseling Testing Program Manager works to stay aware of new HIV tests and opportunities to more use newer tests that will help to take responsible care of grant funds.

National Health Objective: STD-1 Chlamydia

State Health Objective(s):

Between 10/2012 and 09/2017,

A. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 6.0 percent positive.

B. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 14.0 percent positive.

C. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 17.4 percent positive.

State Health Objective Status

Exceeded

State Health Objective Outcome

Between 10/2013 and 09/2014, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success

Screening has been specific to high morbidity areas of Douglas County and utilized through our Omaha Initiative for marginalized populations. These events have been successful.

Strategies to Achieve Success or Overcome Barriers/Challenges
Screening has been specific to high morbidity areas of Douglas County and utilized through our Omaha Initiative (OI) for marginalized populations. These events have been successful because the events in the OI are data driven.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
PHHSBG has afforded Chlamydia/Gonorrhea tests to be prepurchased for screening events. Affording Douglas County the ability to pay staff to attend OI events.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Chlamydia/Gonorrhea Testing
Between 10/2012 and 09/2013, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, the STD Program, through contracting laboratory services, conducted **3517** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success
Funds are used for specific screening events in north Douglas County through the Omaha Initiative (OI). Data drives the events as they are needed.

Strategies to Achieve Success or Overcome Barriers/Challenges
The STD program used sexually transmitted infection positivity to show burden in Douglas County. Events are held for marginalized populations for free.

Activity 1:
Chlamydia Samples Tested
Between 10/2012 and 09/2013, provide testing on samples from 131 provider sites. Numbers of tests to be completed:
- Chlamydia/Gonorrhea Gen Probe Amplified Tests= 3000.
- Chlamydia/Gonorrhea Gen Probe Urine Tests= 520.

Activity Status
Completed

Activity Outcome
All 3517 tests are given to screen for Chlamydia/Gonorrhea positivity.

Reasons for Success or Barriers/Challenges to Success
Data drives screening events in Douglas County where there are few providers and great morbidity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Maintain efforts as data presents.

National Health Objective: STD-6 Gonorrhea

State Health Objective(s):

Between 10/2012 and 09/2017,
A. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 0.4 percent positive.

B. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 5.6 percent positive.

C. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 7.5 percent positive.

State Health Objective Status
Exceeded

State Health Objective Outcome
Between 10/2013 and 09/2014, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success
Data drives the Omaha Initiative which is an account that secures STD screening in Douglas County. Marginalized populations are served with STD screening, treatment, and partner services.

Strategies to Achieve Success or Overcome Barriers/Challenges
Data drives the Omaha Initiative which is an account that secures STD screening in Douglas County. Marginalized populations are served with STD screening, treatment, and partner services.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
PHHSBG allows Douglas County Health Department to pay for staff to cover the STD screening events since PHHSBG funds cover laboratory costs.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Chlamydia/Gonorrhea Testing
Between 10/2012 and 09/2013, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome

Between 10/2012 and 09/2013, the STD Program, through contracting laboratory services, conducted **3517** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success
Screening events are driven by STD data showing need.

Strategies to Achieve Success or Overcome Barriers/Challenges
Data shows high morbidity in areas of Douglas County where there are few providers. These events give participants the opportunity to be tested for Chlamydia/Gonorrhea at no cost.

Activity 1:
Gonorrhea Samples Tested
Between 10/2012 and 09/2013, Contract with laboratory to provide testing on samples from 131 provider sites. Numbers of tests to be completed:

- Chlamydia/Gonorrhea Gen Probe Amplified Tests= 16,465.
- Chlamydia/Gonorrhea Gen Probe Tests= 11,056.
- GC cultures= 1,368.

Activity Status
Completed

Activity Outcome
Due to the support of PHHS BG, the STD program was able to use other funding to ramp up testing/screening efforts throughout Nebraska.

Reasons for Success or Barriers/Challenges to Success
By using PHHS BG funds to support the OI in north Douglas County, remaining program dollars were able to contribute to providing test samples to all 131 providers.

Strategies to Achieve Success or Overcome Barriers/Challenges
By using PHHS BG funds to support the OI in north Douglas County, remaining program dollars were able to contribute to providing test samples to all 131 providers. With the PHHS BG support in question, fewer test samples will be purchased in the future. Therefore screening opportunities will decrease.

State Program Title: LIVING WELL PROGRAM

State Program Strategy:
The PHHS Block Grant-funded *Living Well (chronic disease self-managment) Program* is dedicated to helping people with ongoing health conditions take control of their health. This program focuses on people living with any chronic, ongoing health condition such as arthritis, hypertension and diabetes.

National Health Objective: ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):
Between 10/2012 and 09/2017, six (6) Nebraska communities will develop a formalized system to coordinate, deliver, and sustain Living Well programs locally.

State Health Objective Status
In Progress

State Health Objective Outcome
We continue to work closely with four communities (Omaha, Lincoln, Kearney, and Hastings) to develop a formalized system for Living Well Program referral. We are working in conjunction with the Office of Community Health and Performance Management to utilize a continuous quality improvement process with the communities to assess implementation of their referral systems. Using this process allows us to monitor the referral system development step by step and determine what is working and what needs to be adjusted.

Reasons for Success or Barriers/Challenges to Success
The main reason for success of the Living Well program is the dedication of the Living Well Leaders and the passion that they have for the program. They truly believe in the program and the results that they witness as Leaders. They share those successes with others and this has created an interest in the Living Well Program by other organizations and communities.

We also have commitment from our pilot referral system agencies in implementing the program. The champions within these agencies understand that there are many individuals that can benefit from the Living Well workshops and in return should require less medical care and slow the progression of the chronic conditions.

Using the continuous quality improvement process has enabled us to make modifications as challenges and/or barriers arise. This has eased the process for the pilot agencies and for LW staff. We conduct monthly calls for our pilot agencies and allow them to share their experiences, successes, and challenges with one another. This has been very beneficial for them to have the opportunity to communicate with other agencies working on similar activities.

Strategies to Achieve Success or Overcome Barriers/Challenges
We provide our Leaders with technical assistance, support, and resources needed to assure that their programs are successful. Living Well (LW) staff utilize multiple communication techniques with LW staff, partners, and LW Leaders/Master Trainers.

We work very closely with our communities that are developing referral networks/systems. We utilize a continuous quality improvement model to assess what is working and what needs changed to lend to success.
Focusing program efforts on working with partners and/or communities that are looking to increase self-management support through the use of program referral has helped us to focus our very limited resources and time on efforts that will have a greater potential for success. These partners/communities are highly engaged and are passionate about making LW a part of their comprehensive approach to providing holistic health care to their clients/community members.

To overcome any future barriers/challenges, we will share successful models with other communities, partners, and LW Leaders to promote the development of additional referral networks/systems. We will look to engage communities and health systems that are at the point of readiness of implementing a self-management referral system. We will look to the systems achieving patient centered medical home status and those already engaged in other self-management opportunities such as Diabetes Self-Management Education, the Diabetes Prevention Program, and Tai Chi.

We will also work closely with our current communities and health systems to identify additional Leaders and conduct additional Leader workshops as we are able.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
The Block Grant dollars were used to support the Leader update trainings as well as the new Leader trainings. Funds were also used to purchase Living Well materials for the Leaders and participants. These materials enable Leaders to provide the workshops at no cost to participants.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Living Well Delivery
Between 10/2012 and 09/2013, The Living Well Program will provide Living Well workshops statewide to **300** individuals with ongoing health conditions.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, The Living Well Program provided Living Well workshops statewide to **360** individuals with ongoing health conditions.

Reasons for Success or Barriers/Challenges to Success
The Leaders we currently have are very dedicated to the Living Well program, as are the partners/communities working on developing referral networks/systems. The LW Leaders have been successful in scheduling workshops, recruiting participants, and returning all required paperwork. The referral networks/systems have also begun to pilot their referrals and that has contributed to the increase in workshops and participants.

Strategies to Achieve Success or Overcome Barriers/Challenges
We will continue to provide our Leaders with technical assistance, support, and resources needed to assure that their programs are successful. We will also continue to work very closely with our communities that are developing referral networks/systems. We will utilize a continuous quality improvement model to assess what is working and what needs changed to lend to success. We will share successful models with other communities, partners, and LW Leaders to promote the development of additional referral networks/systems.

Activity 1:
Living Well Leader Support and Technical Assistance
Between 10/2012 and 09/2013, Living Well Coordinator will:
- Provide technical assistance to Master Trainers and Leaders including:
  - Workshop scheduling.
  - Distribution of workshop materials to Leaders.
  - Fidelity monitoring of Leaders.

- Maintaining open and regular communication with Leaders.
- Maintain database of workshops and Leader status.
- Collect workshop forms from Leaders.
- Coordinate data entry of workshop forms into Administration on Aging database.
- Continue to identify and develop partners for program expansion and sustainability.
- Provide a Leader Update training to all current Leaders when Stanford approves and releases new curriculum.
- Work with contractor to update and maintain the Living Well website.

Activity Status
Completed

Activity Outcome
The Living Well (LW) Program Manger and LW Health Educator provided ongoing technical assistance and support to Leaders and Master Trainers during the reporting period. Both maintained regular communication with Leaders through email and phone calls. Five LW Leaders call were held during the reporting period. These calls are used to relay important program information to Leaders, review aspect of the program delivery to reinforce program fidelity, and to discuss any success or challenges/barriers Leaders are experiencing.

The LW Health Educator facilitated the collection of all workshop forms from Leaders and worked with the program Health Surveillance Specialist to enter the data into the HHS Administration on Aging database.

The LW Coordinator and the LW Health Educator regularly update the LW Leaders status database to assure that Leader receive credit toward their certification for each workshop. They also monitor which Leaders are approaching expiration of their certifications and work diligently with each to try and prevent expiration of any Leader that wishes to remain active.

The LW Coordinator continues to work with program partners to offer workshops and expand the LW program. Partnership development has focused on health systems and organizations that are interested in developing a referral network/system for LW. During this reporting period focused partnerships efforts have been with Alegent-Creighton Health, Lincoln-Lancaster County Health Department, Buffalo County Community Partners, Nebraska Department of Corrections, and Mary Lanning Hospital.

During the reporting period, three LW Leader update workshops were conducted. Stanford University released a new Chronic Disease Self-Management curriculum in the fall of 2012. It was required that all current active Leaders received training on the new curriculum within one year to remain an active leader.

In addition to the LW Leader update workshops, three LW Leader workshops were held. Approximately, 42 Leaders were trained through these workshops. Our current total number of LW Leaders in Nebraska is ninety-two.

The LW Coordinator and the LW Health Educator worked with the website contractor to assure all current information and program forms were on the program website.

Reasons for Success or Barriers/Challenges to Success
The LW success can be attributed to good communication with our Leaders, Master Trainers, and partners. Another factor lending to increased success during this year is that the Living Well program is now fully supported by staff from the Heart Disease and Stroke Prevention Program and the Diabetes Prevention and Control Program. A stronger coordinated and collaborative approach has only strengthened the core of the program and the ability to work with our partners to implement referral networks/systems.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies lending to program success include utilization of multiple communication techniques with LW

staff, partners, and LW Leaders/Master Trainers.

Focusing program efforts on working with partners and/or communities that are looking to increase self-management support through the use of program referral has helped us to focus our very limited resources and time on efforts that will have a greater potential for success. These partners/communities are highly engaged and are passionate about making LW a part of their comprehensive approach to providing holistic health care to their clients/community members.

Activity 2:
Living Well Workshops
Between 10/2012 and 09/2013, Conduct approximately 30 Living Well workshops in Nebraska communities.

Activity Status
Completed

Activity Outcome
Between 10/1/2012 to 9/30/2013, there were 35 Living Well workshops conducted in Nebraska. These workshops were held in 16 counties across the state.

Statistics for LW Participants
*Number of Participants Attending: 360
*Number of Participants Completing (Attended 4 or more workshops): 244
*Completion Rate: 67.8%
*Age: 32% Under 60; 23% 60-69; 25% 70-79; 20% 80+
*64.4% Reported Having Multiple Chronic Conditions
*43.9% Reported Having Arthritis
*41.9% Reported Having High Blood Pressure

Reasons for Success or Barriers/Challenges to Success
The LW Leaders have been successful in scheduling workshops, recruiting participants, and returning all required paperwork. The referral networks/systems have also begun to pilot their referrals and that has contributed to the increase in a few workshops.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Leaders we currently have are very dedicated to the Living Well program, as are the partners/communities working on developing referral networks/systems.

Activity 3:
Living Well Referral System
Between 10/2012 and 09/2013, Work with three Nebraska communities to engage health care providers/systems in the development of referral systems for Living Well using continuous quality improvement processes to measure improvements in efficiency, effectiveness, performance, accountability and outcomes.

Activity Status
Completed

Activity Outcome
The LW program continued to work with Alegent-Creighton Health (Omaha), the Lincoln-Lancaster County Health Department (LLCHD), Buffalo County Community Partners (BCCP) (Kearney), and the Nebraska Department of Corrections (NE DOC) on the development of a referral system.

Alegent-Creighton Health and the NE DOC hosted Leader trainings during the reporting period. Both organizations needed to have an established pool of Leaders before they could make any progress of developing a referral system and engage health care providers in referral.

Alegent-Creighton has secured two of their primary care clinics to pilot the LW referral network. They will begin their referral program in early 2014. LW Champions within Alegent-Creighton spent much time educating the providers, care coordinators, and diabetes educators about the LW program and the benefits it could have for their clients.

The NE DOC has identified that LW will be one of three educational opportunities they provide to inmates in all facilities across the state in 2014. The LW Champion at the DOC was very ill for an extended period of time so progress on the program was placed on hold until she returns in January 2014.

BCCP continues to partner with Sentinel Health on the provider referral system. They successfully scheduled and held two workshops that were filled with majority of participants being referred from Sentinel Health. The enrollment numbers and completion rate for these two workshops was higher than other workshops held in the BCCP area.

LLCHD spent much time educating providers about the Living Well program. After focusing their outreach efforts they were able to secure Nebraska Heart Institute and Madonna Rehabilitation Hospital as referral sites. The engagement of the health providers/systems took longer than expected so no workshops based on referral from these agencies were conducted during the reporting period.

LLCHD also partnered with their City-County Employee Wellness Program to promote two LW workshops to employees (referral system). Both workshops reached maximum enrollment and had to have a wait list for those unable to get in at the time. The completion rate for both workshops was higher than other workshops held in the LLCHD area.

Reasons for Success or Barriers/Challenges to Success
The overall concept of moving toward a referral system for engaging participants in the LW workshops is a challenge. Engaging providers has been more difficult than expected. Providers want to do the right thing for their patients but many are overwhelmed with the changes and challenge with the Affordable Care Act, health information technology, and electronic medical records.

Another challenge has been that not all communities have enough Leaders to offer a regular schedule of workshops. Increasing the number of Leaders will be a priority for next year as will engaging current Leaders in the referral systems being developed.

With the few workshops conducted that were filled primarily through a referral by a provider and/or worksite, we have seen very high enrollment number and completion rates. This has helped us convince our partners that this system will ultimately make it easier to have the greatest success/impact possible though the LW workshops. It will also help to alleviate the challenges of traditional advertising (i.e. newspaper ads, magazine/newsletter articles, etc) for the program that typically resulted in low enrollment numbers and many workshops having to be canceled.

Strategies to Achieve Success or Overcome Barriers/Challenges
To overcome our challenges, we will continue to educate providers and health systems about the benefits of LW. We will engage communities and health systems that are at the point of readiness of implementing a self-management referral system. We will looks to the systems achieving patient centered medical home status and those already engaged in other self-management opportunities such as Diabetes Self-Management Education, the Diabetes Prevention Program, and Tai Chi.

We will also work closely with our current communities and health systems to identify potential Leaders and conduct additional Leader workshops as we can.

State Program Title: MINORITY HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Minority Health Program*** is dedicated to reducing disparities in health status among racial ethnic minorities residing in Nebraska.

Health Priorities:
- Identify disparities among racial ethnic minorities.
- Increase awareness of health disparities.
- Establish and maintain behavioral risk surveillance system for sub-minority groups and refugees.
- Improve access to culturally competent and linguistically appropriate health services for racial ethnic minorities.
- Improve data collection strategies for racial ethnic and other vulnerable populations.
- Expand community-based health promotion and disease prevention outreach efforts to the aforementioned populations.

Specifically, the PHHS Block Grant-funded activities help assure that community health interventions and health promotion services are culturally tailored and linguistically appropriate in order to reduce health disparities.

Primary Strategic Partners: Local health departments, health care providers, community- and faith-based organizations, Native American tribes, the Statewide Minority Health Council, Public Health Association of Nebraska, Minority Health Initiative grantees, and University of Nebraska Medical Center (UNMC).

Evaluation Methodology: The Minority Health Program includes outcome and process evaluation methods:
- Pre- and post-tests to measure knowledge increase at education events, including infant mortality community meetings, Somali and Sudanese presentations, chronic disease and Every Woman Matters efforts.
- Copies of all publications printed: Nebraska Health Status of Racial and Ethnic Minorities report, report cards, and socio-economic report cards; and public health policy briefs on minority and disparity health issues.
- Invitation and attendance records.

National Health Objective: ECBP-11 Culturally Appropriate Community Health Programs

State Health Objective(s):
Between 10/2012 and 09/2013, identify current health disparities and health needs among racial ethnic minorities, Native Americans, refugees, and immigrants, as well as other vulnerable, at-risk populations in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through education of health care providers who serve these populations.

State Health Objective Status
Met

State Health Objective Outcome
- Minority population, risk behavior and socioeconomic data were collected and analyzed. Reports were prepared for racial and ethnic groups at the state, congressional district, and county level.
- The foundation of a tribal health surveillance system began by surveying three American Indian tribes on 22 health and risk categories.
- Two modules were added to the Behavioral Risk Factor Surveillance System (BRFSS) to collect demographic and reaction to race information.

- Community meetings collected information on protective factors by culture for pregnant women, childbirth and newborns.
- Outreach with Limited English Proficient and Sudanese refugee populations increased the understanding of preventive health and enhanced community relationships.
- Lay Health Ambassadors participated to improve and increase enrollment in the Every Woman Matters program.
- A curriculum was developed to help the Somali community address their needs.
- The Ponca Tribe participated in a pilot study using telehealth to address behavioral health issues.

Reasons for Success or Barriers/Challenges to Success
Partnerships with the University of Nebraska Medical Center (UNMC), Centers for Reducing Health Disparities, UNMC College of Public Health, the Northern Plain Tribal Epidemiology Center, and NDHHS Vital Statistics and Data Use group.

Using grassroots leadership to recruit participation in English and the participant's first language increases both the participation and knowledge gained.

Health data is not available for many sub-minority groups.

Strategies to Achieve Success or Overcome Barriers/Challenges
The OHDHE funded additional modules for the Behavior Risk Factor surveys.

Continue to track the CDC website and, if urgent, make regional contacts for information.

Training Lay Health Ambassadors (peer-to-peer educators) in preventive health issues improves the effect of outreach.

Materials provided to Limited English Proficient, refugee and immigrant populations need to be at a culturally appropriate reading and comprehension level.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
State funding is made available to the OHDHE and supports 17 Minority Health Initiative projects in 44 counties totalling more than $3 million. These projects benefit from the data gathering and analysis supported by PHHSBG funds and these projects participate in reducing disparities in Nebraska, which will eventually reflected in future data trends.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Data Collection and Analysis
Between 10/2012 and 09/2013, the Office of Health Disparities and Health Equity (OHDHE) will analyze **4** data sources (Behavioral Risk Factor Surveillance data, American Community Survey data, Nebraska Vital Statistics data, and 2010 US Census data) to identify health disparities and socioeconomic disparities among various racial ethnic groups throughout Nebraska.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, the Office of Health Disparities and Health Equity (OHDHE) analyzed **4** data sources (Behavioral Risk Factor Surveillance data, American Community Survey data, Nebraska

Vital Statistics data, and 2010 US Census data) to identify health disparities and socioeconomic disparities among various racial ethnic groups throughout Nebraska.

Reasons for Success or Barriers/Challenges to Success
Health data is unavailable for many sub-minority groups. For instance, there is health information for the Asian community but not specifically for Koreans, Japanese or Chinese. Because population numbers are so small, we are not able to report the data. Use of minority data weighting methods is always a big challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges
This office funds additional modules for Behavior Risk Factor Surveys in order to collect racial and ethnic demographic information that would otherwise not be collected.

We collaborated with UNMC and NDHHS Data Use group, which includes several NDHHS offices and stakeholders to improve the BRFSS minority data collection methods and weighting methods.

Activity 1:
Finalize the Health Status of Racial Ethnic Minorities Report
Between 10/2012 and 09/2013, finalize the health disparities report for the state. This report provides a comprehensive look at many health-related issues and concerns and the disparate outcomes experienced by some of Nebraska's historically medically underserved minority residents. Regular updates ensure the report remains up-to-date and continues to be a useful resource for policymakers, service providers, and those interested in minority health issues.

Activity Status
Completed

Activity Outcome
Based on 2010 census, the OHDHE collaborated with the NDHHS Operations Division and the Office of Health Statistics to update a Health Status of Racial and Ethnic Minorities Report**.** The report spanned several different health issues including mortality, chronic diseases, cancers, HIV and sexually transmitted diseases, heart disease, stroke, cancer, diabetes, and infectious diseases. All issues and health indicators are vital as they provide benchmarks upon which the health status and disparities in Nebraska are gauged.

This report shows basic health facts concerning the two 5-year data sets of 2001-2005 & 2006-2010, focusing on areas of mortality, chronic diseases, HIV, STDs, and other health risk factors. Nebraska continues to become more diverse. Some key findings include:

- The percentage of people with diabetes has increased across all racial and ethnic groups, which kept Nebraska from reaching their diabetes objectives for Healthy People 2010 (HP2010). Fourteen percent of Hispanics were diagnosed with diabetes in 2006-2010; African Americans and American Indians saw approximately 13% of their populations with diabetes.
- The percentage of people with obesity (a BMI 30 or over) has increased across all racial and ethnic groups; all groups but Asians failed to reach their HP2010 obesity objectives. Almost 42% of American Indians were obese in 2006-2010.
- The percentage of girls aged 15-19 having babies has *declined* across all racial and ethnic groups; however no group reached their teen birth objectives for HP2010. One hundred and fourteen per 1,000 Hispanic teen girls and 100 per 1,000 American Indian girls had a baby in 2006-2010. Nebraska’s teen birth rate is significantly higher than the rest of the United States in all racial and ethnic groups; being almost double the national rate.

Reasons for Success or Barriers/Challenges to Success
The inability to collect health data by sub-minority groups inhibits reporting. Because population numbers are so small, we are not able to report the data.

Strategies to Achieve Success or Overcome Barriers/Challenges
This office funds additional modules for BRFSS in order to collect racial and ethnic demographic data that would otherwise not be collected.

Activity 2:
Finalize the Health Status Reports for Nebraska's Hispanics/Latinos and African Americans
Between 10/2012 and 09/2013, finalize the Health Status Report for Nebraska Hispanics/Latinos and African Americans. This report will present health status facts coupled with socioeconomic status information on the Hispanic/Latino and African American populations in Nebraska and will show the contrast between these minority populations and the Non-Hispanic/Latino White majority population.

Activity Status
Completed

Activity Outcome
As a building block toward the goal, the OHDHE has compiled a data report on the most recent statistical information available. This report presents health status facts coupled with socio-economic status information on the Hispanic population in Nebraska, and will illustrate the contrast between this minority population and the Non-Hispanic/Latino White (Whites) majority population. The statistical information spans several different health issues including: mortality, chronic diseases, cancers, HIV and sexually transmitted diseases, heart disease, stroke, cancer, diabetes, and infectious diseases.

Some key findings from this report are:
- In Nebraska, Latinos are one of the youngest population groups. The median age of Latinos is 22.8 years old, compared to 28.3 years for African Americans and 39.8 years for non-Hispanic Whites.
- Among adults 25 years of age or older, about half (50.4%) of Latinos had less than a high school education; a staggering five times more than non-Hispanic Whites (8.6%).
- The incidence rate of sexually transmitted diseases was more than double among Hispanics than Whites. In Nebraska, during 2006-2010, Hispanics had an incident rate for Chlamydia of 433.3 per 100,000 population, which was about 2.3 times higher than that for Non-Hispanic Whites.
- Between 2006 and 2010, the Hispanic population had a total death rate of 8.7 per 100,000 population due to chronic lung disease.

Reasons for Success or Barriers/Challenges to Success
The OHDHE collaborated with UNMC, College of Public Health Center for Reducing Health Disparities and the Office of Latino and Latin American students at the University of Nebraska at Omaha (UNO).

Strategies to Achieve Success or Overcome Barriers/Challenges
In order to have more Hispanic information, the OHDHE collaborated with UNMC, College of Public Health Center for Reducing Health Disparities, and the Office of Latino and Latin American students at UNO to collect and report Nebraska Latino health and socio-economic data.

Activity 3:
Update the Nebraska Minority Population Growth Report
Between 10/2012 and 09/2013, continue analyzing the US Census 2010 data to identify the changes in race, ethnicity, and total population within Nebraska. Create minority population maps by county and other maps. US Census Bureau data will be used to identify major changes in population distribution and growth among minority groups throughout Nebraska. Based on 2010 US Census data, OHDHE will update the Nebraska Minority Population Growth Report.

Activity Status

Completed

Activity Outcome
Based on 2010 US Census data, OHDHE identified the changes in race, ethnicity, and total population within Nebraska, created minority population maps by county and other maps. The latest data was used to update the Nebraska Minority Population Growth Report. This report shows a profile of Nebraska's minority population growth. It also provides a data source for population based disease prevention and health promotion programs. It also provides a data source for other NDHHS disease prevention and health promotion programs.

Nebraska continues to become more diverse. In 2010, the population of Nebraska was 1,826,341 and minorities represented 17.9% of the total population. Hispanics were the largest minority group at 9.2% of the state population. African Americans were the second-largest minority group at 4% of the state population. Followed by Asians, American Indian or Alaska Natives and Native Hawaiian/other Pacific Islander. Hispanics accounted for 51% of the total 326,588 minority population.

Key findings include:
- Forty-three percent of Nebraska's total change in population (2000 to 2007) came from international migration.
- In 2010, about one-third (36%) of Hispanics were under 15 years old, about 89% of Hispanics were younger than 45, while only 3% of Hispanics were 65 and older.7 In the same year, 18.3% of non-Hispanic Whites were under 15 years old, 56% were younger than 45, and 15.6% were 65 and older.
- Asian was the third fastest-growing minority group, with a 47.26 % population increase during the 2000-2010 period.
- In 2010, about 26.6% of Black or African Americans were under 15 years old, about 72.4% of Black or African Americans were younger than 45, while only 6.6% of Black or African Americans were 65 and older.
- In 2010, about 31.5% of American Indians were under 15 years old, about 76.7% of American Indians were younger than 45, while only 4.4% of American Indians were 65 and older.
- In 2010, Thurston, Dakota, Colfax, Dawson, Hall and Douglas Counties had the highest percentages of individuals who were racial/ethnic minorities. Percentages in these counties range from 25 to 60% minority, while Blaine, Keya Paha, Garfield, Rock and Sherman Counties had the lowest percentages, ranging from 0.8% to 1.8%.
- The 112,178 foreign-born represent 6% of Nebraska's overall population, an increase of 298% above the 1990 population of foreign-born residents in the state (28,198 residents).

Reasons for Success or Barriers/Challenges to Success
During this period, four data sources were used to identify health disparities and socio-economic disparities among various racial ethnic groups throughout Nebraska:
- Behavioral Risk Factor Surveillance System
- American Community Survey
- Nebraska Vital Statistics data
- 2010 Census data

Seven preliminary reports were created, which illustrate health status facts and socio-economic status on mortality, chronic diseases, cancers, stroke, and diabetes. Specific information was compiled for the Hispanic and African American populations.

Strategies to Achieve Success or Overcome Barriers/Challenges
None identified at this time.

Activity 4:
Finalize Three County Socioeconomic Status Reports
Between 10/2012 and 09/2013, identify and summarize key socioeconomic factors for minorities

in Douglas County, Lancaster County, and Hall County, based on US Census Bureau and 2006-2010 American Community Survey (ACS) data.

Activity Status
Completed

Activity Outcome
Based on US Census Bureau and 2006-2010 American Community Survey (ACS) data identified and summarized key socio-economic factors for minorities in Douglas, Lancaster, and Hall Counties. The data presents a portrait of Nebraska minority populations by providing critical information on demographic, social, economic, and housing characteristics. This data represents a population at one point in time. While the population itself may experience statistically significant growth overall, often the various components of socio-economic status do not. The preliminary reports are meant to serve as a data resource for minority communities in Nebraska, and for those who work for and with the minority groups in Nebraska.

- About 11% of the Douglas county population, 23.3% of the Hall County population, and 6% of the Lancaster County population considers themselves to be Hispanic or Latino. Hispanics in all populations have a median age of around 23 years old, compared to mid-to-late 30s for non-Hispanic Whites.
- In Hall County, Non-Hispanic White (51.5%) families had the highest percentage of households with a married couple family. Only 39.5% of Hispanic households contain a married couple family.
- In Douglas County, a higher percentage of African American (about 33%) and American Indian (about 34%) households were families maintained by a woman with no husband present than non-Hispanic White households (12%). Asian (62.4%) and non-Hispanic White (49.2%) families had the highest percentage of households with a married couple family in Lancaster County; only 30.5% of African American and 22.8% of American Indian and Alaska Native households contain a married couple family.

Reasons for Success or Barriers/Challenges to Success
None identified at this time

Strategies to Achieve Success or Overcome Barriers/Challenges
None identified at this time

Activity 5:
Tribal BRFSS Project
Between 10/2012 and 09/2013, clean and recode the Tribal BRFSS data set and complete the preliminary analysis for Ponca Tribe, Winnebago Tribe and Omaha tribe. This project will identify risk factors for tribe populations. CDC-recommended weighting methods will be applied.

Activity Status
Completed

Activity Outcome
Three Tribal BRFSS data sets have been cleaned, recoded and analyzed. The first preliminary report for each tribe has been created. The report describes the behavioral health risk factors and selected health status measures of American Indian adults from the three Nebraska tribes. The NDHHS developed the report in collaboration with the Nebraska tribes. This report is designed to be used by tribal leaders and others involved with improving the health of American Indians in Nebraska.

- Fourteen and a half percent of people in the Omaha Tribe sample reported that they had more than seven days when their physical health was not good.
- In 2011, among the Omaha Tribe, 27.5% of the population reported not participating in any physical

activity outside of work in the past 30 days.
- Approximately 34% of all respondents reported being told by a doctor that they have diabetes, compared to 8.4% among other Nebraska residents.
- In 2012, approximately 50.6% of the adult Ponca Tribe population did not have health insurance, compared to 19.1% among the rest of the Nebraska population.
- In 2011, among the Nebraska Ponca Tribe, 25.3% of the population reported not participating in any physical activity outside of work in the past 30 days.
- According to the 2012 Ponca Tribe BRFSS survey, 15.2% of all respondents reported being told by a doctor that they have diabetes, compared to 8.4% among other Nebraska residents.
- In 2012, approximately 57.2% of the adult population of the Winnebago Tribe did not have health insurance.
- In the Nebraska Winnebago Tribe, 26.5% of the population reported not participating in any physical activity outside of work in the past 30 days.
- According to the 2012 Winnebago Tribe BRFSS survey, 29.9% of all respondents reported being told by a doctor that they have diabetes.

Reasons for Success or Barriers/Challenges to Success
None identified at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges
None identified at this time

Activity 6:
Socioeconomic Status Report for American Indians
Between 10/2012 and 09/2013, identify and summarize key socioeconomic factors for Nebraska American Indian populations, based on US Census Bureau and 2006-2010 ACS data.

Activity Status
Completed

Activity Outcome
Based on latest US Census and American Community Survey (ACS) data, the OHDHE identified key socio-economic factors for Nebraska American Indian populations and completed a **Socio-economic Status Report for American Indians.** This report presents a portrait of the American Indian and Alaska Native (AI/AN) population in Nebraska, by providing critical information on demographic, social, economic, and housing characteristics. This data represents a population at one point in time and is meant to serve as a data resource for the tribal communities in Nebraska, and for those who work for and with AI/AN people. The purpose of this report is to provide a one-stop resource data book for individuals interested in the AI/AN population. In future editions, data may be added to this report to help provide a more comprehensive look at AI/AN socioeconomic status in Nebraska.

- AI/ANs were more than 6 times as likely as non-Hispanic Whites in Nebraska to have received food stamps/SNAP in the past 12 months.
- Over four times as many AI/ANs (32.4%) than non-Hispanic Whites (9%) have no health insurance coverage.
- Among those enrolled in school over twice as many non-Hispanic Whites (30.6%) than AI/ANs (13%) were enrolled in college or graduate school.
- AI/ANs (of both genders) were 4.5 times more likely than non-Hispanic Whites to achieve less than a high school education.
- Approximately 14% of the AI/AN population do not speak English at home, but otherwise spoke English “very well”.

Reasons for Success or Barriers/Challenges to Success
None identified at this time

Strategies to Achieve Success or Overcome Barriers/Challenges
None identified at this time

Activity 7:
Finalize Risk Factors for Nebraska Limited English Proficiency Populations Report
Between 10/2012 and 09/2013, based on the questions added by OHDHE to the 2008-2010 Nebraska BRFSS, identify and create report regarding risk factors for Nebraska's LEP populations.

Activity Status
Completed

Activity Outcome
Based on the questions OHDHE added to the Nebraska BRFSS, a preliminary report regarding risk factors for Nebraska's Limited English Proficiency (LEP) populations was prepared. Individuals whose primary language is not English and who have a limited ability to read, speak, write, or understand English are considered LEP. Lack of access to care and preventative medical services among immigrants and LEP individuals has existed for a long time. This preliminary report identified the key risk factors for Nebraska LEP population.

- Nebraskan adults who indicated they did not speak English well or at all were much more likely (51.98%) to be physically inactive, then those adults who can speak English very well or well (23.75%).
- In Nebraska, adults who are English proficient are significantly more likely to have their own personal physician (13.53%), compared to those who are not English proficient (47.65%).
- Among the Nebraskan adults who indicated that they could speak English very well or well, 10.21% could not see a physician due to the cost. On the other hand, 36.57% of adults who cannot speak English well or at all could not see a physician due to the cost.
- Nebraskan adults identifying as proficient English speakers were much more likely (71.27%) to have visited the dentist in the past year, as compared to adults identifying as non-proficient English speakers (42.3%).
- Nebraskan adults who could speak English very well or well were generally less likely (11.63%) to report a health status as fair or poor when given the choices excellent, very good, good, fair, and poor, when compared to adults with limited English proficiency (35.65%).
- Adults in Nebraska who do not speak English well or at all were found to suffer from Serious Psychological Distress (SPD) significantly more (17.71%) than adults who can speak English well or very well (2.02%).
- For LEP adults in Nebraska, 15.58% reported that they never received emotional support. This rate is substantially higher than that for English-proficient adults, in which only 3.35% were affected.

Reasons for Success or Barriers/Challenges to Success
None identified at this time

Strategies to Achieve Success or Overcome Barriers/Challenges
None identified at this time

Activity 8:
Minority Surveillance Data Collection
Between 10/2012 and 09/2013, survey minority populations using the Behavioral Risk Factor Surveillance System, adding race, demographic, and reaction to race questions to the survey conducted by the University of Nebraska Medical Center.

Activity Status
Completed

Activity Outcome
The OHDHE collaborated with the BOSR to survey Nebraska's minority populations using the BRFSS by oversampling minority populations and adding race (including sub-racial groups) and demographic questions to the survey. Surveys are being completed monthly and will continue throughout the year. From January to the end of September, 2013, 9,000 surveys were completed. In 2013, OHDHE paid for two modules: Reaction to Race and State-added race and ethnicity questions.

Reasons for Success or Barriers/Challenges to Success
None identified at this time

Strategies to Achieve Success or Overcome Barriers/Challenges
None identified at this time

Activity 9:
Performance Measures
Between 10/2012 and 09/2013, based on 2001-2005 and 2006-2010 data, determine key performance measures including objectives for OHDHE. The baseline data is 2006-2010 Nebraska Vital Statistics data and Nebraska BRFSS data.

Activity Status
Completed

Activity Outcome
Based on 2006-2010 data, the OHDHE identified 41 health indicators for health disparities. From this, we created a health disparities report card and approximately 20 performance measures involving key disparities. The OHDHE submitted the health disparities report card to the Statewide Minority Health Council in order to discuss and let the council meet and work with the state to tackle these issues.

Hispanics in Nebraska experience 114.6/1,000 teen (ages 15-19) girls giving birth compared to 23.5 of non-Hispanic Whites. American Indians witness 100.2/1,000 teen girls giving birth. An average of almost 85/1,000 African American teen girls gave birth between 2006 and 2010. Nebraska's teen birth rates are also twice as high or higher than teen birth rates throughout the rest of the United States across all racial/ethnic groups. During the September 2013 council meeting, the council decided to develop a pilot study to address teen birth in Nebraska. Next year, OHDHE and the minority council will target other issues.

Reduce African American cancer mortality rate
Reduce African American heart disease mortality rate
Reduce African American stroke mortality rate
Reduce American Indian unintentionally injury mortality rate
Reduce American Indian chronic lung disease rate
Reduce African American, American Indian, and Hispanic diabetes mortality rate
Reduce American Indian suicide mortality rate
Reduce African American, American Indian, and Hispanic infant mortality rate
Reduce African American, American Indian, and Hispanic obesity
Increase the percentage of American Indians getting 5+ servings of fruits and vegetables
Reduce African American, American Indian, and Hispanic physical activity

Reasons for Success or Barriers/Challenges to Success
The OHDHE recognizes that Nebraska's teen birth rate needs immediate attention. There are a lot of disparities and it is impossible to address all of them at the same time.

Strategies to Achieve Success or Overcome Barriers/Challenges
Initially, we need to gain partnership across the state to combat the issue of teen births and subsequently will pilot a project to target teen birth rates throughout Nebraska.

We need to focus on a few disparities at a time to leverage resources.

Activity 10:
Chronic Disease Burden Among Minorities Report
Between 10/2012 and 09/2013, OHDHE will identify chronic health burdens among minorities and prepare a preliminary report. The report will be used as the basis for chronic disease presentations and provided to minority health initiative programs addressing chronic disease issues. OHDHE will collaborate with the Nebraska DHHS Chronic Disease Programs.

Activity Status
Completed

Activity Outcome
Based on 2006-2010 data, OHDHE identified chronic health burdens among minorities as a result of their socio-economic status, race, and ethnicity and prepared a preliminary report. The key burdens include the following issues: cancer screening and management, cardiovascular disease, diabetes, chronic kidney disease, chronic lung disease, arthritis, asthma, and immunizations. The report will be used as the basis for chronic disease presentations and provided to minority health initiative programs addressing chronic disease issues. Understanding patterns and risk factors of chronic disease can assist in planning programs and services, distributing resources, and evaluating progress toward goals to reduce chronic disease disparities among minorities in Nebraska.

- The 2006-2010 Nebraska BRFSS and minority oversample BRFSS results indicate 56% of Asians, nearly 28% of Hispanics, and 40.4% of American Indian adults have been told by a professional they have high cholesterol.
- During the 5-year period from 2006 to 2010, American Indians had the highest rate for diabetes mellitus deaths (93.2/100,000), which was 4.4 times the rate for non-Hispanic Whites (21.1/1000, 000). African Americans had a rate of 62.1/100,000, which was 3.0 times the rate for non-Hispanic Whites.
- American Indians and African Americans are more likely to die from heart disease than any other racial or ethnic group in Nebraska.
- From 2006 to 2010, African Americans had the highest mortality rate from stroke than any other racial or ethnic group in Nebraska (66.6/100,000).

Reasons for Success or Barriers/Challenges to Success
None identified at this time

Strategies to Achieve Success or Overcome Barriers/Challenges
None identified at this time

Impact/Process Objective 2:
Every Woman Matters
Between 10/2012 and 09/2013, OHDHE will provide follow-up to individuals receiving colon cancer kits to **at least 100 persons** who did not return a kit.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, OHDHE provided follow-up to individuals receiving colon cancer kits to **187** who did not return a kit.

Reasons for Success or Barriers/Challenges to Success
OHDHE trained 7 Lay Health Ambassadors /Community Health Workers to conduct individual follow up and education with at least 187 African Americans in the north Omaha area who did not return their colon

cancer kits.
The OHDHE work was driven by a relatively short funding period (10 months). At the 6-month assessment, the more task-oriented work under the objectives had been fulfilled, and *Phase II* set up.

Strategies to Achieve Success or Overcome Barriers/Challenges
OHDHE has revisited the initial workplan and reconsidered strategies to effectively meet/exceed the project goals and objectives. Another contract with North Omaha Area Health (NOAH) is pending to conduct expanded community outreach via educational activities specific to colon cancer, collect enrollment forms and distribute colon cancer screening kits within the target community. This will maximize leveraging of remaining resources to meet the intent of the project as originally envisioned.

Activity 1:
Follow-Up on Colon Cancer Kits
Between 10/2012 and 09/2013, Lay Health Ambassadors (LHA) will provide individual follow up on colon cancer kits not returned. OHDHE will train 4 LHA/Community Health Workers to conduct individual follow up and education with at least 100 African Americans in North Omaha area who did not return their colon cancer kits.

Activity Status
Completed

Activity Outcome
During this reporting period, OHDHE trained 7 Lay Health Ambassadors/Community Health Workers to conduct individual follow up and education with at least 187 African Americans in the North Omaha area who did not return their colon cancer screening kits.

The Nebraska Colorectal Cancer Control Screening Program (NCP), funded by the Centers for Disease Control (CDC) partnered with OHDHE to increase the number of African-Americans aged 50 years and older in North Omaha, Douglas County, who complete screening kits for detecting risk for colon cancer.

- A contract with AHEC included recruitment of LHAs to conduct follow-up contacts after the colon cancer screening kits were mailed to the target community. The LHAs were trained to perform direct outreach with the target community specific to colon cancer screening.
- OHDHE staff met with the Every Woman Matters program on a Health Hub project. Information was shared among health hub partners and the vision and next steps clarified. Contracts were reviewed and roles were identified for individual partners. The staff continues to support community-based screening initiatives by providing technical assistance, resources, and materials that are linguistically and culturally appropriate to the identified health hub sites:
  - Charles Drew
  - OneWorld
  - Four Corners
  - Central District Health Department
  - South Heartland District Health Department

A workplan was developed outlining activities for reaching the project goals which focused on implementing two over-arching goals from the American Cancer Society, High Plains Division and the Nebraska Department of Health and Human Services/Community Health Care System. In February 2013, a contract between OHDHE and Omaha Area Health Education Center facilitated the direct outreach activities. After adjusting the timeline Pha*se I* was implemented and completed on May 31, 2013.

Internal infrastructure was formed by convening partners in January and February 2013 to consult and share input relevant to project delivery. Methodology was clarified and a memorandum of understanding finalized (02/06/2013) to facilitate collaborative planning and to formally articulate the goals, objectives and designate activities of the project.

Phase I of the project has been completed. Cultivating collaborative relationships has represented a

significant amount of immediate and on-going effort, and is expected to contribute to long-term and future plans.

Reasons for Success or Barriers/Challenges to Success
The OHDHE work on this project was designed and is driven by a relatively short funding period (10 months). At the time of this assessment (6-month point), the more task-oriented work under the objectives has been fulfilled, and *Phase II* is set up to be enacted, requiring only the follow through.

In March 2013, contact lists were provided for outreach. Because additional contact lists were not provided, the LHAs logged about 17 hours and were not utilized further.

OHDHE created a follow-up survey to assess the LHA overall satisfaction and effectiveness of the training and included a section for data to improve future trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges
OHDHE has revisited the initial workplan and reconsidered strategies to effectively meet/exceed the project goals and objectives. Another contract with the North Omaha Area Health (NOAH) is pending to conduct expanded community outreach via educational activities specific to colon cancer, collect enrollment forms and distribute colon cancer screening kits within the target community. This will maximize leveraging of remaining resources to meet the intent of the project as originally envisioned.

Activity 2:
Technical Assistance to Health Hubs
Between 10/2012 and 09/2013, OHDHE staff will assist 3 community health hub partners with technical assistance to enhance cancer screening rates and cardiovascular awareness, education, and screening efforts among Nebraska's minority populations.

Activity Status
Completed

Activity Outcome
Provided technical assistance to health hub partners to enhance cancer screening rates and cardiovascular prevention efforts. By September 30, 2013, assisted 5 community health hub partners with technical assistance to enhance cancer and cardiovascular awareness, education, and screening efforts among Nebraska's minority populations.
OHDHE staff met with the Every Woman Matters (EWM) staff and Health Hub partners to share information and identify the vision and next steps. A second meeting reviewed existing contracts and roles were clarified for individual partners. OHDHE staff continues to support community-based screening initiatives by providing technical assistance, resources, and materials that are linguistically and culturally appropriate. Health Hub sites include Charles Drew Health Center, OneWorld Community Health Center, Four Corners Public Health Department, Central District Health Department, and South Heartland District Health Department. OHDHE staff involvement in shared communications with the community collaborative team via the WIGGIO communication sharing technology is on-going.

Reasons for Success or Barriers/Challenges to Success
While the OHDHE staff did meet with health hub partners and were able to provide technical assistance, staff encountered a few challenges. Schedule conflicts among partners caused some of the regularly scheduled meetings to be rescheduled. These meetings would have been beneficial to OHDHE staff in assisting partners with their needs.

Strategies to Achieve Success or Overcome Barriers/Challenges
OHDHE staff has taken a more active role in setting up meetings with health hub partners to work on what their community needs are versus waiting for the meetings to be scheduled. Regular quarterly meetings are now scheduled with partners. Staff will also improve communication with the EWM staff to

better assist partners in the future.

Impact/Process Objective 3:
Health Education Presentations
Between 10/2012 and 09/2013, OHDHE will conduct **50** health education sessions in communities to raise awareness of chronic diseases and maternal child health issues among minority populations across Nebraska. Minority adults in Nebraska will have increased understanding of how chronic disease issues and maternal child health impact their lives and health.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, OHDHE conducted **50** health education sessions in communities to raise awareness of chronic diseases and maternal child health issues among minority populations across Nebraska. Minority adults in Nebraska will have increased understanding of how chronic disease issues and maternal child health impact their lives and health.

Reasons for Success or Barriers/Challenges to Success
Because of personal schedules and job commitments, there were instances where LHAs found it difficult to attend training and education sessions. Retention of LHAs became a challenge due to summer commitments. Timing of the stipend payment also proved to be a barrier for those who were counting on it as income.
Some OHDHE Community Health Educators found recruiting LHAs easy since they had personal contacts; others learned recruiting through relationships established while working with different racial and ethnic groups.

Strategies to Achieve Success or Overcome Barriers/Challenges
The OHDHE staff worked with and trained each LHA individually according to their availability. OHDHE assisted LHAs in brainstorming ideas for speaking opportunities and announced OHDHE opportunities to make presentations. LHAs needed to step out of their comfort zone and assist in the networking and connecting with stakeholders.

Information was provided to the community organizations to announce trainings available and assist in marketing the educational opportunities.

Activity 1:
LHA Chronic Disease Prevention Presentations
Between 10/2012 and 09/2013, Health education presentations will be given by new and existing LHA to their communities, targeting at least 300 people, in the areas of hygiene, dental health, physical activity and nutrition, prevention and control of chronic diseases, cultural intelligence, and women's and men's health. The OHDHE will recruit 15 LHA throughout Nebraska and train them on 5 core modules and other modules in which they are interested. New LHA will schedule and deliver at least 1 health education session in their community. Existing LHA will deliver at least 2 health education sessions (per LHA) in their communities.

Activity Status
Completed

Activity Outcome
OHDHE conducted 50 health education sessions in communities to raise awareness among minority populations across Nebraska. The objective and goals of the presentations were achieved and in most cases exceeded expectations. A total of 34 LHAs were recruited for this project and 30 completed training. These LHAs reached 315 people in their respective communities. OHDHE community health educators also worked with community-based organizations, local health departments, and other entities to provide 30 health education sessions. A pre- and post-test showed more than 80% (83%) of the

participants demonstrated knowledge gain.

In Congressional District (CD) 2, LHAs were trained in physical activity and nutrition, prevention and control of chronic diseases, cultural intelligence, and women's and men's health. After training, the LHAs made presentations to their peers on these topics and colon cancer and hygiene, as it relates to maternal child health.

CD3 experienced barriers with some LHAs completing training and making presentations. Fifteen LHAs were used to reach 105 individuals through presentations on physical activity and nutrition, prevention and control of chronic diseases, cultural intelligence, and women's and men's health.

CD1 was able to hire a community health educator and assisted in the recruitment and training of the four new LHAs. The existing LHAs completed additional training in Cultural Competency module. Most of these LHAs showed greater than 90% of knowledge gain. CD1 assisted LHAs in finding a location and recruiting participants for their presentations.

Reasons for Success or Barriers/Challenges to Success
In some instances there was issue with the availability of LHAs to train and complete education sessions (due to individuals' various personal and professional time commitments). On a similar note the LHAs had difficulty with accessibility to information, audience and venues to present at. Retention of LHAs became a challenge. During the summer several LHAs were busy with family or vacations.

Another issue was with the stipend payment that proved to be a barrier. Many of the LHAs used this position as a second job. The uncertainty with when they would get their stipend proved to be a snag in the process. Furthermore, another barrier was the sensitivity of the population to the colon cancer screening kits. People of color and the older generation may need to take baby steps on discussing embarrassing and private matters.

Strategies to Achieve Success or Overcome Barriers/Challenges
The OHDHE staff worked with and trained each LHA individually according to their availability. OHDHE assisted LHAs in brainstorming ideas for speaking opportunities and announced OHDHE opportunities to make presentations. LHAs needed to step out of their comfort zone and assist in the networking and connecting with stakeholders. The office provides ongoing technical assistance. The ability of the educator to communicate at various literacy levels created a comfortable learning environments. The OHDHE assisted LHAs in making copies of presentation materials; as well as, sent (via email) electronic copies to participants.

The LHAs were happy in collaborating and coordinating of events and people. There were a few instances where the LHA were not able to travel out of town to attend training in person, but were able to utilize technology to complete it. Even with many technology glitches the LHAs were able to take part and asked questions. The Omaha office was able to conduct two (2) Omaha Housing Authority colon cancer enrollments and provided health information to residents at the Crown and Kay Jay Towers. Approximately 35 residents enrolled in the Colon Cancer Program.

Suggestions to improve the program included flexibility on working weekends and after normal business hours. Cultural barriers in time perception were addressed through continued education in the importance of being on time. An improvement with those that were met on a regular basis was noticeable. A few of the educators suggested running the program from January through September.

Activity 2:
Chronic Disease Prevention and MCH Presentations
Between 10/2012 and 09/2013, staff of OHDHE will work with community-based organizations, local health departments, or other entities to provide at least 15 health education sessions targeting at least 150 minority adults to increase knowledge regarding maternal child health, chronic disease prevention, obesity, and physical activity & nutrition.

Activity Status
Completed

Activity Outcome
During this reporting period, OHDHE staff worked with community-based organizations, local health departments, and other entities to provide 30 health education sessions and reaching at least 345 minority adults to increase knowledge regarding maternal child health, chronic disease prevention, obesity, and physical activity & nutrition.
The OHDHE staff created /adapted health education materials for presentations on Men's &Women's Health, Preventions and Control of Chronic Diseases, Hygiene, Oral Health, Nutrition & Physical Exercise, and Cultural Intelligence and translated them into Spanish. Presentations were scrutinized to ensure they were culturally appropriate.

Presentations were made to the Job Corps young adults in Chadron, NE, Hall County Housing authority, the Somali community, Sudanese community of Grand Island, and interpreted the Nutrition and Physical Activity presentation during the Crusade for Health event in Madison County. Presentations were also made in the Hispanic community at el Encuentro de la Mujer Sana at Mahoney State Park. The hard copy of the presentation, handouts related to the presentation, and other relevant resources existing within public health department of NDHHS were distributed to the participants. The race and ethnicity of the audiences served include Hispanic, Middle Eastern (Iraqi, Iranian), Sudanese, Somali, and African American. A pre and post evaluated participants' knowledge gain.

Reasons for Success or Barriers/Challenges to Success
The challenge to completing more educational sessions included, but were not limited to: internal delays on being trained in the new educational materials, events conflicting with other community activities, and recruiting partners to present educational information.

The Job Corp program was a success due to the limited health information they receive at the Job Corps. Discipline issues of the attendees took time away from the program being presented and the room was not adequatefor the number of participants. In the future programs should use more active participation methods for attendees.

Since majority of the participants did not speak English at all or little, interpretation was a great concern, especially the pre and post-test. Although partner organizations tried helping with the interpretation, it was difficult when two or more ethnic participants attended the presentation. It was also time consuming.

Strategies to Achieve Success or Overcome Barriers/Challenges
Information was provided to the community organizations to announce trainings available and assist in marketing the educational opportunities.

Session/training should begin earlier in the year, perhaps by April. Translating the presentation and the pre and post in more than one language may ameliorate these challenges in future.

Impact/Process Objective 4:
Infant Mortality Focus Group Follow Up
Between 10/2012 and 09/2013, OHDHE will conduct **4** focus groups to improve understanding of health disparities gap in infant health status and outcomes among minority populations and gather feedback from minority populations about infant mortality risk factors.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome

Between 10/2012 and 09/2013, OHDHE conducted **4** focus groups to improve understanding of health disparities gap in infant health status and outcomes among minority populations and gather feedback from minority populations about infant mortality risk factors.

Reasons for Success or Barriers/Challenges to Success
The Infant Mortality community meetings/focus groups filled a significant void in our understanding of the disparities in obstetrical outcomes that exist along socioeconomic, racial and ethnic lines in Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges
All of the recruitment efforts for the meetings were conducted by grass roots leadership from within the community. The meetings were facilitated by a member of the community which allowed for a greater level of trust and acceptance by the participants, and resulted in the greatest level of knowledge transfer and meaningful collaboration.

Activity 1:
Infant Mortality Community Meetings Follow-Up
Between 10/2012 and 09/2013, the OHDHE will hold four community meetings with Nebraska tribal women and their families to discuss practices that contribute to better health outcomes for pregnant women, childbirth, and newborns and gather feedback from minority populations about infant mortality risk factors. Collaborate with local health departments, community-based organizations and faith-based organizations previously identified as successful to achieve good outreach among the American Indian community in the Nebraska. The focus groups will be conducted through a question-guided discussion and include the same questions for each group.

Activity Status
Completed

Activity Outcome
The OHDHE collaborated with local health departments, community based organizations and faith-based organizations previously identified as successful to achieve good outreach among the Native American community in Nebraska. The focus groups were conducted through a question-guided discussion and include the same questions for each group. The four community meetings/focus groups were held in the cities of Chadron, Macy, Lincoln (two meetings).

Nebraska Native American women discussed practices that contribute to better health outcomes for pregnant women, childbirth, and newborns and gather feedback from minority populations about infant mortality risk factors. Over 46 Native American women participated in over four hours of guided discussion in focus groups to share the cultural, familial and community dynamics that influence birth outcomes, infant mortality rates and contributes to the overall well-being of women and their newborns. The meetings uncovered protective factors present in the Native American community that lead to better birth outcomes and lower infant mortality rates. All of the meetings included Native American women who participated in guided discussion and provided meaningful information related to their cultural practices for the care and support of pregnant women and their babies both during pregnancy and after giving birth.

Reasons for Success or Barriers/Challenges to Success
The Infant Mortality community meetings/focus groups filled a significant void in our understanding of the disparities in obstetrical outcomes that exist along socioeconomic, racial and ethnic lines in Nebraska. The persistent gap between Native American birth outcomes and infant mortality rates compared to Asian American and non-Hispanic White outcomes are striking, and stubbornly resistant to interventions and attempts to ameliorate the disparity.

Strategies to Achieve Success or Overcome Barriers/Challenges
All of the recruitment efforts for the meetings were conducted by grassroots leadership from within the community. The meetings were facilitated by a member of the community which allowed for a greater

level of trust and acceptance by the participants, and resulted in the greatest level of knowledge transfer and meaningful collaboration. A lack of trust between the Native American population and other ethnic groups can be a significant road block that can prevent effective discussion of issues surrounding cultural practices for pregnant women and their newborn infants.

Impact/Process Objective 5:
Minority Population Growth and Health Disparity Presentations
Between 10/2012 and 09/2013, OHDHE will conduct **5** presentations to increase awareness of minority population growth and health disparities among Nebraska minorities.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, OHDHE conducted **7** presentations to increase awareness of minority population growth and health disparities among Nebraska minorities.

Reasons for Success or Barriers/Challenges to Success
The OHDHE staff has a well-rounded background and expertise on the topic which helped organizations collaborate with our office with confidence. The topics addressed in the P3 training are inherently challenging, so discussions can become heated. Once this happens, some people have a hard time letting the topic move on to something else.

Collaboration with members will provide additional P3 programs in 2014.

Strategies to Achieve Success or Overcome Barriers/Challenges
P3 presenters are not experts in the data pieces, so have sometimes been challenged by questions asked by participants in the trainings.

We overcome the lack of data expertise in presenters by bringing questions back to the epidemiologist and then responding to the participant. Always looking for new potential and partnerships to be developed.

Activity 1:
Minority Population Growth and Health Disparity Presentations
Between 10/2012 and 09/2013, OHDHE will complete 5 cultural intelligence presentations/trainings with Minority Health Initiative grantees, stakeholders, and internal programs and external organizations. One module will be the Nebraska minority population growth and key disparities among minorities.

Activity Status
Completed

Activity Outcome
Seven presentations were provided to increase awareness of minority population growth and health disparities among Nebraska minorities.
In partnership with Nebraska State Patrol, provided two presentations to a total of 80 state troopers on demographic changes in Nebraska.

- Provided a breakout session on Cultural Intelligence and demographic changes in Nebraska, during the Multicultural Coalition One Day Conference (November 2012).
- Provided training for South West District Health Department on Cultural Intelligence (McCook).
- Provided training for East Central District Health Department on Cultural Intelligence (Columbus).
- Provided full P3 training, including module regarding data, to approximately 12 Public Health Solution staff.
- Provided Census Minority category and CDC new minority data collection standard training in (April 2013).

Approximately 314 State of Nebraska employees and other participants were informed about the changes in minority population growth throughout the state and their impact on available services and programs. Emphasis was placed on the need for awareness of demographic changes and the need for increased cultural competency to work with racial/ethnic minorities, immigrants, and refugees.

OHDHE presented five cultural competency *People are People are People* trainings between 09/2012 and 10/2013.

- Crete NE, Public Health Solutions: In February, March, and April, OHDHE presented the P3 training to staff of Public Health Solutions Public Health Department. Eleven people filled out demographic information.
  - Eight of the eleven participants were ages 25-64.
  - Nine participants were female and White. Two participants were Hispanic.
  - Nine of the eleven participants filled out the evaluation and pre- and post-tests. All participants experienced an increase in knowledge and understanding of cultural intelligence, illustrated by higher post-test scores than pre-test scores.
    - The largest increase we saw was an increase from an average score of 3.94 to 5.59.
    - Changes in knowledge was most significant for question one, which asked participants to define key racial/ethnic cultural terms.
- Columbus NE, East Central District Health Department: June 19, 2013, OHDHE presented the P3 training at the East Central District Health Department.
  - Fifty-five people attended the training
  - 85% of participants were between 25 and 64 years old.
  - Almost 4% were Asian and 11% identified themselves as some other race; 44% indicated they were Hispanic.
  - Almost 88% (87.8%) of those who took both the pre- and post-test saw an increase in their cultural competency.
    - The largest increase was 6.17, a jump from a mean score of 1 on the pretest to 7.17 on the posttest.
    - Two other participants increased their test mean by 5 or more (5 and 5.82)
    - Six other participants saw an increase of 4 or more points.
- McCook NE, McCook Community College: August 13-14, 2013, OHDHE presented the P3 training to staff at McCook Community College.
  - The majority of those who filled out the demographic questionnaire were between 25 and 64 years old (89%) and all were Female (100%).
  - Approximately 11% of respondents were Asian and another 11% were Hispanic.
  - One hundred percent of those who took both the pre- and post-test saw an increase in their cultural competency.
    - The largest increase was 2.59, a jump from a mean score of 2.53 on the pre-test to 5.12 on the post-test.
    - Another participant increased their test mean by more than two.
- Vocational Rehabilitation Nebraska (VR Nebraska): OHDHE presented at a *First Friday Breakfast Meeting* to 25 associates of VR Nebraska. In addition to providing a general overview, OHDHE presented information about Nebraska's minority populations throughout the state, informed the audience about current health disparities within the minority populations, and emphasized the importance of cultural competency. Finally, as a method of encouraging diversity efforts while working with Nebraska residents with recognized disabilities, VR Nebraska sent the PowerPoint presentation to approximately 300 associates across the state through their internal newsletter. The total reach was 300 persons.
- Lincoln NE, State of Nebraska employees: April 24, 2013, OHDHE presented information to other State of Nebraska employees on the definitions of and differences between race and ethnicity, new US DHHS data collection standards, issues of comparability between years of data collection with different standards, and the history of the US Census Bureau.
  - Fourteen people attended the OHDHE lunch and learn.

- Six participants were Asian, one was American Indian, and seven were White.
- Attendees were staff members of NDHHS from programs including Emergency Medical Services, the Office of Women's and Men's Health, the Injury Prevention program, and Tobacco Free Nebraska.
- Ninety-two percent of those who filled out an evaluation after the lunch and learn either strongly agreed or agreed that the training helped them understand the new race/ethnicity data collection standards, as well as the difference between and definitions of race and ethnicity.
- All of the participants who filled out the evaluation either strongly agreed or agreed that this training helped them understand data collection format.

Reasons for Success or Barriers/Challenges to Success
The OHDHE staff has a well-rounded background and expertise on the topics presented which helped organizations collaborate with our office with confidence. Both the State of Nebraska and Vocational Rehabilitation Nebraska presentations had great attendance and generated good discussions regarding the growth of minority populations. However, the challenge was explaining the difference in the concept of race and ethnicity based on the US Census standards and how these terms translate to the interpretation of service providers and the consumers.

P3 presenters are not experts in the data pieces, so have sometimes been challenged by questions asked by participants in the trainings

Strategies to Achieve Success or Overcome Barriers/Challenges
Staff are always looking for new potential and partnerships to be developed.
The OHDHE will include these the US Census Bureau definitions in the published reports and in the work plans.
Through trial and error we have learned how to incorporate but redirect discussions when someone becomes argumentative during the training.

We overcome the lack of data expertise in presenters by bringing questions back to the epidemiologist and then responding to the participant.

Impact/Process Objective 6:
Somali Needs Assessment Follow-Up
Between 10/2012 and 09/2013, OHDHE will conduct **10** community meetings with LHA, community stakeholders, government and non-profit agencies, the public schools, Somali communities and other stakeholders in Grand Island, South Sioux City, Lexington, and Omaha to share the findings from the Somali Needs Assessment and Leadership training and to develop an action plan for incorporating the findings into community action to improve access to health care and education for the Somali community in each of these cities.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, OHDHE conducted **8** community meetings with LHA, community stakeholders, government and non-profit agencies, the public schools, Somali communities and other stakeholders in Grand Island, South Sioux City, Lexington, and Omaha to share the findings from the Somali Needs Assessment and Leadership training and to develop an action plan for incorporating the findings into community action to improve access to health care and education for the Somali community in each of these cities.

Reasons for Success or Barriers/Challenges to Success
The knowledge and expertise of our contractor, Dr. Joanne Garrison, helped us to accomplish these activities. Dr. Garrison has experience working with immigrant and refugee communities and has been a member of the minority community while living in South Africa. Refugee communities have welcomed her facilitating events with trust and communication.

Strategies to Achieve Success or Overcome Barriers/Challenges
One of the important strategies was our office made Diane Urias, our Community Health Educator available to assist Dr. Garrison with her project. With this very short time frame, Diane's work with the Somali population greatly facilitated the recruitment and participation of the community, and her professionalism and dedication to excellence enhanced the experience for all the stakeholders involved in the project.

Activity 1:
Somali Community Meetings
Between 10/2012 and 09/2013, the OHDHE will hold five community meetings (each community meeting will have a minimum of 8 participants) throughout Nebraska (Grand Island, Lexington, South Sioux City, and Omaha) to share results, educate, and increase the cultural intelligence of all stakeholders. The educational component of the community meetings will include topics such as, 1) the centrality of parents, 2) education as a vehicle for social mobility, 3) balancing acculturation while honoring the culture of origin, 4) cultural intelligence, 5) empowering parents to become peer leaders within their communities and schools, and 6) mental health.

Activity Status
Completed

Activity Outcome
Eight community meetings with Lay Health Ambassadors (LHA), community stakeholders, government and non-profit agencies, the public schools, Somali communities and others were conducted in Grand Island, South Sioux City, Lexington, and Omaha to share the findings from the Somali Needs Assessment and Leadership training and to develop an action plan for incorporating the findings into community improvement, access to health care and education for the Somali community in each of these cities.

Four community meetings were held across Nebraska there were are larger concentrations of Somali refugees to share results, educate, and increase the cultural intelligence of all stakeholders. Here were the four community meeting:

Meeting #1 Sunday, June 2nd, 2013 - Central District Health Department, 1137 South Locust Street, Grand island, NE (nine participants were in attendance at this meeting.)

Meeting #2 Sunday, June 30th, 2013 - Somali Center 619 North Washington Street, Lexington, NE (19 participants were in attendance at this meeting.)

Meeting #3 Sunday, July 14th, 2013 – South Sioux City Public Library, 2121 Dakota Ave., South Sioux City, NE (nine participants were in attendance at this meeting.)

Meeting #4 Saturday, July 20th, 2013 – Somali Community Center, 2232 Farnam Ave., Omaha, NE (12 participants were in attendance at this meeting.)

A grand total of 49 attendees received education and were informed of the results of the longitudinal Somali Needs Assessment. The Somali Needs Assessment process has been a positive strategy to not only educate the Somali population but to enhance their sense of self-efficacy and empowerment to facilitate their acculturation into Nebraska and the United Sates. The meetings with the Somali community were to disseminate the results of the three year longitudinal Somali Needs Assessment and to continue offering an educational component. Some of the topics covered in the meetings included: 1) obstacles and barriers to access, cultural beliefs and misunderstandings, and language barriers; 2) Socioeconomic status, community descriptions, and strengths of the community; 3) Perceived community needs and concerns, problem solving; 4) Interactions between different races and ethnicities; 5) Health care and health access; 6) Task force and focus groups; 7) Cultural proficiency, racism, prejudice, and ESL; 8) Hopes and dreams; 9) Family and community supports; 10) Educational opportunities, reaching the community, and creating a supportive structure.

Reasons for Success or Barriers/Challenges to Success

The Somali Needs Assessment filled an important gap towards the goal of furthering the cultural proficiency and integration of Somalis in Nebraska. However, the status of the integration of the community into the larger culture is ongoing. Many within the Somali culture have strongly held beliefs and practices that can interfere with their ability to effectively access the resources (i.e. education, employment, and healthcare) available in the United States. The history of many Somali immigrants of spending years in refugee camps, experiencing life as victims of genocide or the strife of civil war, and frequently an interrupted education history is a difficult preparation for life in the United States. Without specific and intentional cultural proficiency training, the Somali immigrants are left without the skills necessary to negotiate the U.S. culture. Many misunderstandings arise in and between Somali's and U.S. natives due to cultural misunderstandings and misinterpretations.

Strategies to Achieve Success or Overcome Barriers/Challenges
One of the important strategies was our office made Diane Urias, our Community Health Educator available to assist Dr. Garrison with her project. With this very short timeframe, the project could not be accomplished without the collaboration of contractor. Diane's work with the Somali population greatly facilitated the recruitment and participation of the community, and her professionalism and dedication to excellence enhanced the experience for all the stakeholders involved in the project.

Activity 2:
Action Plan Meetings
Between 10/2012 and 09/2013, the OHDHE will hold a second round of community meetings to develop and draft an action plan that will be shared within their respective communities by the LHA's and community stakeholders. Each action plan will address the needs of the individual community with regards to the community's access to resources. The OHDHE will take the lessons learned and cultural intelligence gained from the first set of community meetings and develop an action plan with input from all stakeholders to increase the Somali community's access to education and health care in four Nebraska cities. Post-tests will be given to all participants who were present at both community meetings.

Activity Status
Completed

Activity Outcome
The OHDHE staff and contractor held a second round of community meetings to develop and draft an action plan that was shared within their respective communities by the LHAs and community stakeholders. Each action plan addressed the needs of the individual community with regards to the community's access to resources.
Four community meetings were conducted in locations with higher concentrations of Somali refugees. Two Omaha community meetings were merged into one meeting. Action meetings and community meetings were conducted in same day. Here were four action meetings:

Action Plans were developed addressing specific need of individual community, mostly related to access to resources. Four action plan meetings were conducted in four different locations in NE (Lexington, Grand Island, South Sioux City, and Omaha).

Meeting #1 Sunday, June 2nd, 2013 - Central District Health Department, 1137 South Locust Street, Grand island, NE (9 participants were in attendance at this meeting.)

Meeting #2 Sunday, June 30th, 2013 - Somali Center 619 North Washington Street, Lexington, NE (19 participants were in attendance at this meeting.)

Meeting #3 Sunday, July 14th, 2013 – South Sioux City Public Library, 2121 Dakota Ave., South Sioux City, NE (9 participants were in attendance at this meeting.)

Meeting #4 Saturday, July 20th, 2013 – Somali Community Center, 2232 Farnam Ave., Omaha, NE (12 participants were in attendance at this meeting.)

The OHDHE's contractor took the lessons learned and cultural intelligence gained from the first set of

community meetings to develop an action plan with input from all stakeholders to increase the Somali community's access to education and health care in four Nebraska cities. Action Plans were developed addressing specific need of individual community, mostly related to access to resources. Four action plan meetings were conducted in four different locations in NE (Lexington, Grand Island, South Sioux City, and Omaha)

Grand Island Action Plan:
Somali Community leaders present at the meeting will intentionally take the findings from the study back into the community to seek to empower and motivate community members to take a more active role in their community and to all work together to improve the social and human capital found within the Somali community. There will be a time of sharing at the religious services and women's gatherings to further enhance the community.

Several of the women present will begin to take a health and hygiene class through the Department of Health and Human Services and share knowledge gained with community members. This will enhance the health and well-being of themselves, their families, and the Somali community, as well as building leadership capacity.

Lexington Action Plan:
Somali Community leaders present at the meeting will intentionally work with law enforcement to develop several community meetings where the Somali population can become familiar with the correct way to interact with law enforcement. This will not only educate the Somali population on working with law enforcement, it will educate the police department on working with the Somalis. This action item is anticipated to reduce the fear and misunderstanding between the police department and the Somali community.

The Somali community will contact Nebraska legal Defense and Appleseed to begin the process of taking legal action against several long-standing landlords in town who consistently appear to violate the rights of their Somali tenants by coming into their apartments unannounced in the middle of the night. The landlords have proposed offering the Somali community and all renters a class they can take free of charge to help them understand the rental expectations and duties of both the tenant and landlord.

The Somali community will present a draft proposal to the Lexington Foundation for funding of the Somali Center. In the past there was funding for the Somali Center but this has lapsed. The Somali community will meet with the hospital and local area clinic to discuss the possibility of hiring a Somali interpreter to staff the clinic as an interpreter and in some other capacity as well.
Several Somali community members will begin training as Lay Health Ambassadors to work within their community to improve the health and well-being of the entire Somali community in Lexington, NE.

South Sioux City Action Plan:
Somali Community leaders will work closely with existing community organizations such as the YMCA and the Police Department to further develop a partnership particularly in providing after school care for Somali and minority children in the town.

The Somali community will purposefully begin to recognize the leaders within their community and will become intentional in recognizing and celebrating their successes. This will allow community members to take an honest inventory of the progress they have made as a community and give them motivation and courage to continue forward. Opportunities for additional adult ESL classes will be explored with the South Sioux City public schools as this is an area of significant need that is under served.

Omaha Action Plan:
Somali Community leaders will work closely with existing community organizations such as the YMCA and the Police Department to further develop a partnership particularly in providing after school care for Somali and minority children in the town. In particular, the Omaha Somali community will work with the Omaha Police Department in the implementation of anti-gang training for Somali youth.

The Somali community will work more closely with Big Brothers and Big Sisters in Omaha and the Yates Community Center with OPS to develop and sustain the existing partnership so more Somali community members can take advantage of the programs and services provided by Big Brother and Big Sisters and Yates. The focus on the Somali community will turn towards collaborative partnership development. This is a change from a Somali Center focus to one of more collaboration and a braiding of resources across the community.

Reasons for Success or Barriers/Challenges to Success
The length of time between fleeing the ravages of civil strife, war and conflict in Somalia and being resettled in a new country can range from several years to several decades. The result of a difficult and time consuming migration process is that millions of Somalis experience physical and emotional instability and chronic shortages of critical resources such as food and health care for extended periods of time.

Limited access to health care, health education, and academic education, coupled with the trauma associated with extreme violence and the loss of loved ones through death and murder can "challenge refugees sense of empowerment, identity and meaning in life" (Schweitzer et al., 2006, p. 180). The cumulative psychological stress this can cause may have adverse effects on the refugees and immigrant's ability to transition into their new country (Albin, J.M., 2012).

Strategies to Achieve Success or Overcome Barriers/Challenges
Having Diane Urias, available to assist Dr. Garrison with her project greatly facilitated the recruitment and participation of the community, and her professionalism and dedication to excellence enhanced the experience for all the stakeholders involved in the project.

Impact/Process Objective 7:
Sudanese Leadership Trainings
Between 10/2012 and 09/2013, the OHDHE will conduct **2** Learning, Surviving, and Thriving in a New Land trainings for Sudanese populations to increase the cultural intelligence and the content knowledge of stakeholders in the areas of: 1) the centrality of parents, 2) education the vehicle for social mobility, 3) balancing acculturation while honoring the culture of origin, 4) cultural intelligence, 5) empowering parents to become peer leaders within their communities and schools, and 6) mental health.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, the OHDHE conducted **2** Learning, Surviving, and Thriving in a New Land trainings for Sudanese populations to increase the cultural intelligence and the content knowledge of stakeholders in the areas of: 1) the centrality of parents, 2) education the vehicle for social mobility, 3) balancing acculturation while honoring the culture of origin, 4) cultural intelligence, 5) empowering parents to become peer leaders within their communities and schools, and 6) mental health.

Reasons for Success or Barriers/Challenges to Success
The knowledge and expertise of our contractor have been of so much help in the accomplishment of these activities.

Strategies to Achieve Success or Overcome Barriers/Challenges
Because the contract with Dr. Joanne Garrison was delayed several months, having Diane Urias, our Community Health Educator, available to assist Dr. Garrison greatly facilitated the recruitment and participation of the community. Her professionalism and dedication to excellence enhanced the experience for all the stakeholders involved in the project.

Activity 1:
Literature Review of Sudanese refugees
Between 10/2012 and 09/2013, collect literature and write a review of Health Status of Sudanese

Refugees in Nebraska. The literature review findings will include recommendations from the author of the literature review.

Activity Status
Completed

Activity Outcome
Literature was collected and reviewed on the health status of Sudanese Refugees in Nebraska. The literature review findings included recommendations from the author of the literature review.

There is a lower prevalence of certain high risk behaviors among Sudanese refugees. In particular, they do not engage in either drinking alcohol or smoking cigarettes as frequently as other population groups. They also tend to use seat belts when driving and are concerned about their diets (Willis & Nkwocha, 2006). Sudanese refugees have been found to rely on their faith and religion, social supports, cognitive reframing and thinking of the future as effective coping mechanisms for stress (Khawaja, White, Schweitzer, & Greenslade, 2008). However, one of the identified barriers to access to healthcare is the low awareness of issues specific to the refugee community among healthcare providers (Murry & Skull, 2005).

Willis and Nkwocha (2006) found that in Nebraska approximately 40% of Sudanese refugees do not have health or dental insurance, 20% have never visited a dental or eye care professional, and 11% have never been to a doctor " (p.19). A telling statistic about the health and well-being of the Sudanese population in Nebraska is found in dismal statistics that close to 50% of all females interviewed never had a clinical breast exam or a pap smear. The lack of utilization and participation in preventative medical efforts may be linked to a lack of health care literacy, a lack of insurance, and a lack of finances. The high levels of stress and trauma experienced by the Sudanese refugee community may increase their likelihood of psychological and emotional distress, post-traumatic stress, anxiety and depression (Schweitzer et al., 2007).

There appears to be a significant amount of misunderstanding regarding basic health care and a relatively low level of health literacy among the Sudanese refugee community. Willis and Nkwocha's (2004) found that 19% of Sudanese respondents thought HIV/AIDS could be transmitted through a mosquito bite and 14 % felt it could be contracted through a toilet seat. Similarly, of Sudanese survey respondents 33% did not know what high blood pressure was, 35% did not know what diabetes was, and 43% had never heard of arthritis. Indicative of a lack of communication and educational outreach, fully 64% of respondents did not know where they could obtain free food. Finally, 75% of respondents did not know where to go for mental health services (Willis & Nkwocha, 2004).

Close to 40% of Sudanese refugees did not have health insurance and 30% of respondents indicated they did not go to the doctor within the last 12 months, even though they were sick. 53% felt that they had experienced racism while living in Nebraska and 21% felt that racism was a barrier to obtaining health care. The cost of health care (27%) and the time they had to wait in the doctor's office (24%) were perceived as the greatest barriers to accessing health care by Sudanese respondents (Willis & Nkwocha, 2004).

Two leadership trainings were conducted in different locations with higher concentrations of Sudanese refugees**. Meeting #1** Sunday, May 19th, 2013 - Central District Health Department, 1137 South Locust Street, Grand island, NE. **Meeting #2** Sunday, June 9th, 2013 – Schuyler Community Center, 506 West 19th Street, Schuyler, NE.

A total of 19 attendees completed a pre-test and post-test on their learning. The average knowledge gained between the pre-test and post-test results was a 79 % overall increase in knowledge. This result is significant and represents an impressive accomplishment for the participants. A Literature Review of Sudanese refugees was completed**.** Literature was collected and reviewed on the health status of

Sudanese Refugees in Nebraska. The literature review findings included recommendations from the author of the literature review.

Reasons for Success or Barriers/Challenges to Success
Nebraska has the largest Sudanese population in the United States. Although refugees from Sudan comprise a relatively small percentage of the overall population of the state, they are understudied and relatively unknown. As conflict and turmoil persist in Sudan, Nebraska can expect to continue to be a resettlement destination for Sudanese refugees. In the early 1900's, the social and economic adjustment of newcomers to life in the United States was seen as part of an inevitable wave of assimilation that would, hopefully, propel them to quickly reach the same level of social and economic well-being as the native born population. The reality of assimilation for refugees today is neither easy nor inevitable.

Although they come from the same country or geographic region, Sudanese refugees are not a homogenous group. They are a culturally and linguistically diverse population. The outcome for Sudanese refugees in Nebraska, and their ease of transition to a new life in a new country will be largely predicated on our willingness to create a cultural context of reception that is both open and conducive to their assimilation.

Strategies to Achieve Success or Overcome Barriers/Challenges
Having a Community Health Educator available to assist with community dialog was very helpful.

Activity 2:
Sudanese Leadership Trainings
Between 10/2012 and 09/2013, OHDHE will recruit a minimum of 12 participants and schedule a second *Learning, Surviving, and Thriving in a New Land* training for the Sudanese community in Hall County and 12 participants for a first session in Colfax County. The six modules in *Learning, Surviving, and Thriving in a New Land* cover the following content areas, 1) the centrality of parents, 2) education the vehicle for social mobility, 3) balancing acculturation while honoring the culture of origin, 4) cultural intelligence, 5) empowering parents to become peer leaders within their communities and schools, and 6) mental health. Participants will demonstrate knowledge gained in all of the content areas as well as an increase in their cultural intelligence.

Activity Status
Completed

Activity Outcome
Two leadership trainings were conducted in different locations with higher concentrations of Sudanese refugees. **Meeting #1** Sunday, May 19th, 2013 - Central District Health Department, 1137 South Locust Street, Grand island, NE.

Meeting #2 Sunday, June 9th, 2013 – Schuyler Community Center, 506 West 19th Street, Schuyler, Colfax County, NE

A total of 19 attendees completed a pre-test and post-test on their learning. The average knowledge gained between the pre-test and post-test results was a 79 % overall increase in knowledge. This result is significant and represents an impressive accomplishment for the participants.

Reasons for Success or Barriers/Challenges to Success
The knowledge and expertise of our contractor, Dr. Joanne Garrison, has been of so much help in the accomplishment of these activities.

The Sudanese Leadership Training filled an important gap towards the goal of furthering the cultural proficiency and integration of Sudanese in Nebraska. However, the status of the integration of the community into the larger culture is ongoing. The result of a difficult and time consuming migration process is that millions of Sudanese experience physical and emotional instability and chronic shortages of critical resources such as food and health care for extended periods of time. Limited access to health

care, health education, and academic education, coupled with the trauma associated with extreme violence and the loss of loved ones through death and murder can “challenge refugees sense of empowerment, identity and meaning in life” (Schweitzer et al., 2006, p. 180). The cumulative psychological stress this can cause may have adverse effects on the refugees and immigrant’s ability to transition into their new country (Albin, J.M., 2012). The Sudanese leadership Training process has been a positive strategy to not only educate the Sudanese population but to enhance their sense of self-efficacy and empowerment to facilitate their acculturation into Nebraska and the United Sates.

Strategies to Achieve Success or Overcome Barriers/Challenges

With this very short timeframe, the project could not be accomplished without the collaboration of contractor. Diane Urias’ work with the Sudanese population greatly facilitated the recruitment and participation of the community, and her professionalism and dedication to excellence enhanced the experience for all the stakeholders involved in the project.

State Program Title: PEOPLE, PLACES AND PARTNERS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***People, Partners and Places Program*** is dedicated to supporting and strengthening Nebraska's capacity to protect the health of everyone living in Nebraska; primarily through organized governmental agencies, specifically the state health department and local/regional health departments. *(The program name was chosen to clarify the fundamental parts of public health infrastructure.)*

Health Priorities: NDHHS selected as priority activities:

- Assuring availability of health data necessary to planning and evaluating health programs and increasing the effectiveness of health department staff.
- Maintaining information and data resources at the state level in order to respond to requests for information from the local level, enable public health entities to conduct community needs assessment and provide a basis for formulating health policies and appropriate intervention strategies.
- Facilitating strategic planning at the state and local level, instituting performance standards and maintaining a well-trained public health workforce, critical to the success of all of the activities carried out by the NDHHS.
- Capacity building at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.

Primary Strategic Partnerships:

- BRFSS: Survey and study partners: External -- CDC, Local Public Health Departments, University of Nebraska Medical Center (UNMC). Internal -- NDHHS programs including Child Protective Services, Behavioral Health, Tobacco Free Nebraska, Nebraska State Patrol, Comprehensive Cancer Program. Users of survey results and reports -- Legislators, NDHHS programs, Local Public Health Departments, University of Nebraska, Voluntary Associations, general public (both printed and electronic data access).
- Health Data: External -- Local health departments, university researchers, university educators of health professionals, community-based organizations. Internal -- NDHHS Offices and Units within the Division of Public Health.
- Community Health Development: Local Public Health Departments (County and District), Public Health Association of Nebraska, National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), Association of State and Territorial Health Officials (ASTHO), Nebraska Public Health Law Committee, Nebraska Turning Point Committee, UNMC College of Public Health.

Evaluation Methodology:

- Health Data: Report completion dates, data request response dates, data quality assurance procedures, and feedback from users of data.
- Community Health Development: Observation of operations of local public health departments, Reports from Local Public Health (LHD) Departments (including copies of their Health Improvement Plans, Performance Standards Assessment Results, Annual LHD Reports), Reports from contractors, observation of presentations by LHD staff.
- PHHS Block Grant Coordinator: Written twice-yearly reports from all subaward projects, site visit reports, personal and telephone contact.

National Health Objective: PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):

Between 10/2012 and 09/2017, **maintain Nebraska's health surveillance system at the state and local level and develop processes for collection and analysis of needed health data on all**

populations for use in development of health status indicators. Information will be provided to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public).

State Health Objective Status
Met

State Health Objective Outcome
The State Objectives of this and all other sections of our Work Plan were achieved through accomplishment of the various Impact/Process objectives and carrying out the stated Activities.

The collection, analysis and reporting of health and demographic data are essential to maintaining Nebraska's complex health data surveillance system. During FY2013, all the intended work was completed despite staff being assigned new and different duties in their new positions within the Division of Public Health.

Reasons for Success or Barriers/Challenges to Success
Reasons for Success:
> Competence and long-term experience of staff, and existence of an established surveillance system and policies and procedures supporting data collection and analysis.

Challenges:
> During the year, staff needed to learn the operational process of the Units to which they were assigned, develop new relationships with co-workers and supervisors while continuing to serve basically the same set of "customers".

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
> Continued enhanced communicaition with external data users and adherence to established procedures within the new Units.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Virtually all applications for funding submitted by the Division of Public Health used data derived from the NDHHS data surveillance system. Those applications for funding resulted in being granted millions of dollars of grant funds.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Data and Surveillance
Between 10/2012 and 09/2013, NDHHS staff will provide health data to **5,000** users of data.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS staff provided health data to **10,000** users of data.

Reasons for Success or Barriers/Challenges to Success
A Community Health Assessment (CHA) spreadsheet is maintained with the latest annual health

information. This CHA spreadsheet is available for each of the 21 Local Health Districts. The CHA spreadsheet has 21 sheets, one for each Local Health District. The two largest Health Districts in Nebraska contain Lincoln and Omaha. Each of these Districts receives over 5,000 requests for CHA information each year, as well as over 1,000 requests from the other 19 Local Health Districts. Therefore, the objective of 5,000 users of data has been exceeded.

Strategies to Achieve Success or Overcome Barriers/Challenges
An important strategy in updating the CHA spreadsheet is keeping an updated list of key contacts in each of the health related sections of the CHA spreadsheet. Personnel changes must be noted also to streamline the requesting process.

Activity 1:
Data Collection and Analysis
Between 10/2012 and 09/2013, identify 492 health indicators, populate a multi-sheet spreadsheet with current data for these 492 indicators for use by local health departments, update and execute analysis programs, generate and disseminate reports electronically, write narrative highlights of data analysis, and consult with Information Systems & Technology (IS&T) programmers regarding a Behavioral Risk Factor Surveillance (BRFSS) Query-System.

The expected outcome of this work is the continued existence of the data sources to whom so many end users rely upon; moving the Department toward the goal of being the central source of health data.

Activity Status
Completed

Activity Outcome
The Statistical Analyst III updated the 492 health status indicators with 2012 or 2008-2012 information by entering them into a Community Health Assessment (CHA) Spreadsheet, which is accessible to State and Local end users. Health Manpower figures were updated from 2010 to 2013 health professionals.

Two examples of the requests for data made by NDHHS program staff and responded by the Statistical Analyst III during FY2013:
- Office of Health Disparities and Health Equity requested an assessment of differences in BRFSS indicators for disabled vs. not disabled. Also requested was an assessment of differences in BRFSS indicators among geographic locations: Metro vs. Micro vs. Rural counties.
- The NE Tribal Council requested a comparison between prenatal care indicators, infant mortality and prenatal risk factors for White mothers vs. Native American mothers. The Council considered only the 20 Nebraska counties with the most Native Americans.

Reasons for Success or Barriers/Challenges to Success
Long-term experience of staff, familiarity with the data systems and acquaintance with staff of other programs and units has proven important to having the latest information available for populating the CHA spreadsheet.

Having the Statistical Analyst III permanently assigned to Public Health in FY2013 was also important to completing the CHA Spreadsheet update from 2011 to 2012 or 2007-2011 to 2008-2012 information.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategy 1: Identifying current source of needed data
Strategy 2: Acquire and enter data into CHA Spreadsheet
Strategy 3: Provide to requestor

Challenge 1: Keeping up with current staffing patterns in agencies the hold needed data.

Example of Means of Addressing Challenge 1: There was turnover in the NDHHS position responsible for keeping the latest manpower figures, but this position was filled with a very capable person which made the update from 2010 to 2013 figures relatively easy. Data for three health professions were provided by the new hire within NDHHS.

Manpower data for several of the health professions listed in the CHA Spreadsheet was provided by the Nebraska Medical Center (UNMC). They were also very helpful in providing 2013 manpower information by county for 10 of the 13 health professions covered in the CHA spreadsheet.

The health manpower section can now be easily updated each year, working within NDHHS and with UNMC. Our efforts resulted in the latest number of health professionals for 2013, which replaced 2010 figures.

Activity 2:
Nebraska HP2020 Basic Report
Between 10/2012 and 09/2013, Review US HP2020 objectives and latest trends. Analyze Nebraska data for selected HP2020 objectives and prepare report of objectives and current rates and trends.

Activity Status
Completed

Activity Outcome
A Lead Program Analyst reviewed all U.S. Health People 2020 objectives for possible inclusion in Nebraska's proposed set of 2020 objectives. Nebraska HP2010 indicators were also examined for possible inclusion in the HP2020 report. Selection of proposed indicators for Nebraska was based on: relevance and importance of the indicator to the state's population and population subgroups, as well as availability of data that are reliable, comparable to national data, and for which trends are available. For these proposed indicators, data definitions and sources were compiled for national, state, and population subgroups (although identical sources and definitions were not always available). Trend data were also collected wherever possible and rates of change compared. Based on these trends, national objectives, and other relevant factors, Nebraska 2020 objectives were proposed. This completes the Basic Nebraska Healthy People 2020 Report. This report represents a proposed set of objectives that will be reviewed before being finalized. After these are finalized, a narrative will be written discussing the objectives, trends, and factors possibly impacting future direction of these health indicators.

Reasons for Success or Barriers/Challenges to Success
The US HP2020 initiative addresses quite a large number of health issues, population groups, and factors impacting them, thus requiring examination and analysis of a lot of data and background information. However, both the Statistical Analyst III, who generated the Nebraska data, and the Lead Program Analyst were experienced in creating the Healthy People 2000 and 2010 reports for the state. This experience was instrumental in developing and completing the reports.

Strategies to Achieve Success or Overcome Barriers/Challenges
The primary strategies used to successfully complete this segment of the project were planning the steps involved in each part of the process and staying organized throughout.

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2012 and 09/2017, **Increase the capacity of Nebraska's governmental public health agencies to carry out all 3 Core Functions and all 10 Essential Services of Public Health, focusing primarily on the funded programs within the NDHHS Division of Public Health and 18 LB692 Local/District Public Health Departments.**

(Note: LB692 was the legislative bill under which the current system of district health departments was

established and is funded beginning in May 2001. For the first time, all 93 Nebraska counties are covered by local/district health departments.)

State Health Objective Status
Met

State Health Objective Outcome
NDHHS staff has provided support to 18 LHDs to increase their capacity to carry out all 3 Core Functions and all 10 Essential Services of Public Health. NDHHS has provided subgrants to LHDs to implement evidence-based public health programs. In addition, NDHHS has provided subgrants to LHDs to support public health accreditation readiness.

Reasons for Success or Barriers/Challenges to Success
Regular communication and resource sharing among NDHHS staff has contributed to the success of this objective.

Strategies to Achieve Success or Overcome Barriers/Challenges
NDHHS staff have provided trainings and educational opportunities to LHDs on topics like worksite wellness, public health accreditation, quality improvement, and other evidence-based public health strategies.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
PHHS Block grant dollars have been used to support staff time, while other funding sources have supported additional training and resource development. .

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
State Level Oversight
Between 10/2012 and 09/2013, PHHS Block Grant Coordinator will evaluate **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, PHHS Block Grant Coordinator evaluated **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Reasons for Success or Barriers/Challenges to Success
The PHHSBG Coordinator monitored progress on the funded project through face-to-face discussion with staff, review of written reports, phone calls, emails and, for selected projects site visits.

Reasons for Success:
Most projects are operated by experienced staff and well-developed procedures for monitoring use of resources, accomplishment of established objectives, recognizing and dealing with any barriers to success.

Barriers and Challenges.
The PHHSBG Coordinator was assigned additional responsibilities within the Health Promotion Unit which presented barriers to keeping up with all tasks at times during the year.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
The PHSHBG Coordinator took the following steps:
> Used available scheduling and task planning devices, including Outlook "to do" list and "sticky notes".
> Requested assistance from support staff persons and worked collaboratively with several chronic disease and injury control staff persons.

Activity 1:
Monitor and Support
Between 10/2012 and 09/2013, the PHHS Block Grant Coordinator will monitor subaward performance, review written reports, hold one-on-one meetings and telephone contacts, participate in group telephone consultation, meet with program staff members on location, conduct technical assistance and training, and attend funded activities to observe progress.

Activity Status
Completed

Activity Outcome
The PHHS Block Grant Coordinator provided technical assistance to internal funded programs and to external programs, serving on committees to plan and carry out functions including worksite wellness.

Reasons for Success or Barriers/Challenges to Success
Reasons for Success:
Long-term experience of PHHSBG Coordinator and familiarity with the operations and resources of the NDHHS.

Barriers and Challenges:
During FY2014, the PHHSBG Coordinator continued to be responsible for additional program management duties, including management of the Coordinated Chronic Disease Prevention and Health Promotion (CCDP) grant. In addition, the Dental Health Coordinator in the Office of Oral Health and Dentistry resigned in March 2013 and the PHHSBG Coordinator took on additional program management and supervisory duties through the remainder of FY2013.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies to Achieve Success:
Keep supervisor informed of progress on tasks,

Strategies to Overcome Barriers:
Request assistance as needed.
Collaborated with program staff and managers as often as possible.
Requested extension of deadlines when necessary.

Impact/Process Objective 2:
Support for Local/District Health Departments
Between 10/2012 and 09/2013, NDHHS staff, contractors, and local health department staff members will provide technical assistance and training opportunities to **18** local/district health departments and their key partners.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS staff, contractors, and local health department staff members provided technical assistance and training opportunities to **20** local/district health departments and their key partners.

Reasons for Success or Barriers/Challenges to Success
During the reporting period, many NDHHS staff provided technical assistance and training to 20 local health departments. NDHSS staff provided technical assistance on health improvement planning, quality improvement, and accreditation preparation activities. In addition, staff provided technical assistance and support for Healthy Communities Grants helping 13 local health departments implement programs and strategies that result in policy, systems, or environmental (PSE) changes. Finally, staff provide a number of trainings to increase skill level including the topics of: Accreditation readiness, Quality Improvement, Evaluation and other Public Health topics.

Strategies to Achieve Success or Overcome Barriers/Challenges
Good collaboration and communication have led to the success of the quality technical assistance that is provided to the LHDs. In addition, flexibility among staff and willingness to work together has contributed to the success of this objective.

Activity 1:
Technical Assistance
Between 10/2012 and 09/2013, NDHHS staff will assess the technical assistance needs of local/district health departments. Staff members will gather models and standards including evidence-based program information to share with local/district health departments. NDHHS staff will also plan and arrange technical assistance and training opportunities. Technical assistance will be provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits, coordinating group update and sharing conference calls.

Activity Status
Completed

Activity Outcome
NDHHS staff provided technical assistance on the MAPP process, Healthy Communities grants, accreditation preparation, and quality improvement initiatives. Technical assistance for these activities was provided in the form of progress reports, scheduled information sharing conference calls, and annual site visits with each of the LHDs.

Reasons for Success or Barriers/Challenges to Success
The collaboration of NDHHS staff contributed to the success of this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges
Having one office coordinate the technical assistance activities was beneficial and led to success.

Activity 2:
Financial Assistance
Between 10/2012 and 09/2013, NDHHS will provide additional funds for local health departments to implement evidence-based programming. PHHSBG funds are used to leverage funds from state and other federally funded programs, pooled to provide financial assistance of this type to local/district health departments.

Activity Status
Completed

Activity Outcome
We used PHHSBG funds to support grants to 13 local health departments to implement evidence-based programming (various amounts; Healthy Communities grants). These Healthy Community grants have enabled the local health departments to address a health priority from their MAPP assessment. The local health departments have used these grants to implement worksite wellness programs, coordinated school health programs, and chronic disease management programs.

Reasons for Success or Barriers/Challenges to Success
We have developed and maintained strong working relationships with our local health departments. This has led to good communication and collaboration which has led to the successful implementation of the grant.

Strategies to Achieve Success or Overcome Barriers/Challenges
We have provided ongoing technical assistance to the local health departments. This has been accomplished through regularly scheduled technical assistance calls and annual site visits to the local health departments to monitor progress.

Impact/Process Objective 3:
Training and Educational Resources
Between 10/2012 and 09/2013, NDHHS staff and contractors will provide training on relevant topics, based on perceived need, to **18** local/district health departments.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS staff and contractors provided training on relevant topics, based on perceived need, to **20** local/district health departments.

Reasons for Success or Barriers/Challenges to Success
During the reporting period, training were provided to 20 local health departments on topics such as quality improvement, accreditation preparation, evaluation, evidence-based public health interventions.

Strategies to Achieve Success or Overcome Barriers/Challenges
Feedback was sought on what types of training local health departments would like to receive.

Activity 1:
Training Sessions
Between 10/2012 and 09/2013, NDHHS staff members will coordinate training opportunities by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes.

Activity Status
Completed

Activity Outcome
NDHHS staff members coordinated training sessions for local health departments and their stakeholders. We provided opportunities to learn about worksite wellness, policy change, evidence-based public health, public health department accreditation, and quality improvement. We also provided an opportunity to learn about best practices from other health departments. NDHHS staff members coordinated the sessions, arranged locations and presenters, marketed the sessions, and evaluated the sessions.

Reasons for Success or Barriers/Challenges to Success
NDHHS staff collaborated to plan and coordinate the training opportunities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing communication and resource sharing among NDHHS staff contributed to the success of the training sessions.

Activity 2:

Mentoring

Between 10/2012 and 09/2013, NDHHS staff will provide one-on-one mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.

Activity Status

Completed

Activity Outcome

NDHHS staff worked across many programs to provide one-on-one mentoring to local health department staff members. We worked closely with staff as they prepared grants, helping them formulate ideas and complete the process accurately. We also helped them identify health promotion programs that are evidence-based. Finally, staff helped local health departments evaluate their program activities to determine their successes and weaknesses.

Reasons for Success or Barriers/Challenges to Success

NDHHS has established strong working relationships with the local health departments. This has allowed us to be successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS has provided many opportunities that allowed the local health departments to receive the one-on-one technical assistance and support they need.

State Program Title: UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Unintentional and Intentional Injury Prevention Program*** is dedicated to the prevention of unintentional and intentional injuries, injury-related hospitalizations, long-term disability and deaths.

Health Priorities:

- Injuries are the fourth leading causes of death for Nebraskans.
- For Nebraskans age 1 – 34 years, unintentional injuries are the leading cause of death.
- In Nebraska, more years of potential life are lost due to injury than any other cause of death.
- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska. Falls are also the second leading cause of unintentional injury death in Nebraska.
- Statewide, the leading cause of injury death is motor vehicle crashes, followed by suicide.
- One in eight (more than 84,000) adult women in Nebraska has experienced one or more completed forcible rapes during her lifetime.

Primary Strategic Partnerships:

Unintentional Injury:
External: Safe Kids Coalitions and Chapters, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, Brain Injury Association of Nebraska, parents and the general public;
Internal: NDHHS programs which include: Epidemiology, Nutrition and Physical Activity for Health, Unit on Aging, EMS/Trauma, Lifespan Health.

Intentional Injury:
Sexual Offense Set-Aside funds are contracted to the network of 19 local sexual assault crisis centers which are supported by the Nebraska Domestic Violence Sexual Assault Coalition. The local programs partner with schools, universities, faith-based organizations and a range of community organizations, as well as local crisis response teams, law enforcement and medical providers.
Suicide: Nebraska Suicide Prevention Coalition, University of Nebraska Public Policy Center, Nebraska Interfaith Ministries, Bryan Health, NDHHS Behavioral Health and Lifespan Health.

Evaluation Methodology:
Unintentional Injury: Collection and monitoring of reports from Safe Kids Coalitions and Chapters, and Child Passenger Technicians. Access Death Data and Hospital Discharge Data, analyze results and trends. Provide data results to partner programs. Monitor program participant survey results.

Intentional Injury:
Rape Set-Aside: Collection and analysis of reports from local programs for both preventive education and victim services, surveillance surveys among victims, workshop evaluation data.
Suicide: Access Death Data, Hospital Discharge Data, and Child Death Review Team data, analyze results and trends.

Source: NDHHS Vital Statistics, 2007; NDHHS Hospital Discharge Data, Nebraska Domestic Violence Sexual Assault Coalition.

National Health Objective: IVP-2 Traumatic Brain Injury

State Health Objective(s):

Between 10/2012 and 09/2017,

- For children aged 1 to 14 years, reduce the number of traumatic brain injuries needing emergency department visits to less than 539 per 100,000 Nebraska children.
- For children aged 1 to 14 years, reduce the number of traumatic brain injuries needing hospitalizations to less than 28 per 100,000 Nebraska children.

State Health Objective Status
In Progress

State Health Objective Outcome
- In 2011, there were 580 per 100,000 children (ages 1 to 14 years) in Nebraska requiring emergency room care for traumatic brain injury. Compared to the 2004-2008 baseline rate of 539 per 100,000, the 2011 rate of emergency room care due to traumatic brain injury has increased for children in Nebraska.
- In 2011, there were 24 per 100,000 children (ages 1 to 14 years) in Nebraska hospitalized due to traumatic brain injury. Compared to the 2004-2008 baseline rate 28 per 100,000, the 2011 rate of hospitalization due to traumatic brain injury has decreased slightly for children in Nebraska.

(Data Source: Nebraska Hospital Discharge Data 2011.)

From 2004 to 2008, the leading causes of TBI in Nebraska are motor vehicle crashes and falls. NDHHS partners with the Brian Injury Association of Nebraska and the Nebraska Office of Highway Safety to address the causes of TBI.

NDHHS partners with the Brian Injury Association of Nebraska to develop 30 minute Shaken Baby Syndrome Prevention video titled "Forever Shaken."

NDHHS partners with the Nebraska Office of Highway Safety to conduct child passenger safety activities.

In 2013, 4 child passenger safety technician training classes were held in Hastings, Norfolk, Omaha, and Lincoln. The Safe Kids Nebraska Child Care Transportation Training was developed and implemented to fulfill the requirements of the new DHHS Child Care Regulations.

- A total of 63 new technicians were certified during FY2013.
- There are now approximately 365 certified child passenger safety technicians in Nebraska.
- Approximately 600 staff drivers at child care centers have completed the training during FY 2013.

Reasons for Success or Barriers/Challenges to Success
Assumed Reasons for Success:

Shaken Baby Project
1. NDHHS program partnered with Brain Injury Association of Nebraska (BIA-NE) to produce the "Forever Shaken" video. The video spotlights Shaken baby Syndrome and how to prevent.
2. The Brain Injury Association of Nebraska was able to collaborate with Children's Hospital & Medical and Madonna rehabilitation hospital to establish funding for the project.
3. Children's Hospital & Medical Center and Madonna Rehabilitation Hospital contain a network of content experts and families with first hand knowledge about Shaken Baby Syndrome.
4. The producers of the video are a husband and wife team that is very committed to the issue because their child has experienced Shaken Baby Syndrome.
5. The Brain Injury Association of Nebraska was able to recruit additional national experts on the subject matter to be a part of the project.

Shaken Baby Project Challenges:
1. Distributing the video to at risk populations might be difficult.
2. Recruiting families with infants/young children who have experienced TBI/concussion as a result of being shaken to be a part of the project.
3. Production time took longer than anticipated and there the video was not distributed during the FY 2013. It is expected to be distributed in early FY 2014.

Motor vehicle safety:

Successes assumed to be influenced by:
1. The long-established relationships between the state-level staff and the Safe Kids chapters and Child Passenger Safety Technicians.
2. Injury Prevention Coordinator is a certified Child Passenger Safety Instructor.
3. There are 20 CPS Instructors in the Nebraska.
4. Recertification rate for Nebraska is higher than the national average.
5. More than 50 CPST were recruited and trained to provide the Safe Kids Child Care Transportation Training to meet the requirements of the new regulations.

Barriers/Challenges identified:
1. CPS Technicians do most of their work on a volunteer basis so it can be difficult to recruit residents of Nebraska to become CPS technicians.

Strategies to Achieve Success or Overcome Barriers/Challenges
Shaken Baby Project Strategies to Achieve Success:
1. Use the connections of Children's Hospital & Medical Center and Madonna Rehabilitation Hospital have with families to recruit video participants.
2. Bring together community partners interested in the project to help determine and develop the distribution of the video.

Motor vehicle:

Strategies specific to identified Barriers/Challenges:
1. Explore potential to expand awareness efforts in rural areas of the state.
2. Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.
3. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
4. Larger child care providers are encouraged to have a staff member become a CPST.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
The NDHHS Injury Prevention program was able to collaborate with the Brain Injury Association of Nebraska to develop the "Forever Shaken" video. To complete this project the Brain Injury Association of Nebraska was able to leverage funds from Children's Hospital & Medical Center and Madonna Rehabilitation Hospital.

- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering $5000 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.
- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, also financially supports the Nebraska Child Passenger Safety Technician update. The update is held once a year and offers the CPSTs the opportunity to receive continuing education credits to maintain their certification.
- Many local Safe Kids chapters build on the financial support provided by Safe Kids Nebraska and leverage funds from local businesses to support their child passenger safety activities.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Concussion/TBI awareness and prevention

Between 10/2012 and 09/2013, NDHHS Injury Prevention Program and Brain Injury Association of Nebraska will develop **1** training and/or a social marketing campaign addressing concussion awareness and prevention, including sports related concussions and/or shaken baby syndrome.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS Injury Prevention Program and Brain Injury Association of Nebraska developed **1** training and/or a social marketing campaign addressing concussion awareness and prevention, including sports related concussions and/or shaken baby syndrome.

Reasons for Success or Barriers/Challenges to Success
1. NDHHS program partnered with Brain Injury Association of Nebraska (BIA-NE) to produce the "Forever Shaken" video. The video spotlights Shaken Baby Syndrome and how to prevent the condition.
2. The BIA-NE was able to collaborate with Children's Hospital & Medical Center and Madonna Rehabilitation Hospital to establish funding for the project.
3. Children's Hospital & Medical Center and Madonna Rehabilitation Hospital contain a network of content experts and families with first hand knowledge about Shaken Baby Syndrome.
4. The producers of the video are a husband and wife team that is very committed to the issue because their child has experienced Shaken Baby Syndrome.
5. The BIA-NE was able to recruit additional national experts on the subject matter to be a part of the project.

Strategies to Achieve Success or Overcome Barriers/Challenges
1. Using the connections of Children's Hospital & Medical Center and Madonna Rehabilitation Hospital have with families to recruit video participants.
2. Bring together community partners interested in the project to help determine and develop the distribution of the video.

Activity 1:
Concussion Awareness and Prevention Training
Between 10/2012 and 09/2013, partner with the Brain Injury Association of Nebraska to develop and distribute a concussion/TBI awareness and prevention training and/or a social marketing campaign addressing sports concussions and shaken baby syndrome. Other partners will include local/district health departments, Safe Kids chapters, and other community partners such as hospitals.

Activity Status
Not Completed

Activity Outcome
A 30 minute Shaken Baby Syndrome prevention video titled "Forever Shaken" was developed. The video has not been distributed yet.

Reasons for Success or Barriers/Challenges to Success
Assumed Reasons for Success:

1. NDHHS program partnered with BIA-NE to produce the "Forever Shaken" video. The video spotlights Shaken Baby Syndrome and how to prevent.
2. The BIA-NE was able to collaborate with Children's Hospital & Medical and Madonna Rehabilitation Hospital to establish funding for the project.
3. Children's Hospital & Medical Center and Madonna Rehabilitation Hospital contain a network of content experts and families with first hand knowledge about Shaken Baby Syndrome.
4. The producers of the video are a husband and wife team that are very committed to the issue because their child has experienced Shaken Baby Syndrome.
5. The BIA-NE was able to recruit additional national experts on the subject matter to be a part of the

project.

Challenges:
1. Distributing the video to at-risk populations might be difficult.
2. Recruiting families with infants/young children who have experienced TBI/concussion as a result of being shaken to be a part of the project.
3. Production time took longer than anticipated and there the video was not distributed during the FY 2013. It is expected to be distributed in early FY 2014.

Strategies to Achieve Success or Overcome Barriers/Challenges
1. Use the connections of Children's Hospital & Medical Center and Madonna Rehabilitation Hospital have with families to recruit video participants.
2. Bring together community partners interested in the project to help determine and develop the distribution of the video.

National Health Objective: IVP-16 Age-Appropriate Child Restraint Use

State Health Objective(s):
Between 10/2012 and 09/2017, increase observed use of child restraints to 98 percent.

State Health Objective Status
In Progress

State Health Objective Outcome
This State Health Objective has not yet been achieved as stated in the FY2012 work plan.
The observed child restraint use rate is described in the table below.

Year	Percent of Observed Child Restraint Use
2008	96.8
2009	95.1
2010	91.5
2011	95.1
2012	95.9
2013	95.9

During 2012, on Nebraska roadways:
- Seven children ages 0-4 were killed and 329 children were injured.
- Two children were killed and 455 injured between the ages of 5-9.
- Seven children between the ages of 10-14 were killed and 632 children were injured.

In Nebraska, child safety seat use is surveyed annually through observations conducted in rural and urban counties between August and September. Among the children observed in the 2013 study, 95.9% were riding in child safety seats/booster seats. This rate is comparable to the rates for the last few years (95.9% in 2012; 95.1% in 2011; and 91.5% in 2010). These rates are significantly higher than the rate observed when this series of surveys began in 1999 (56.2%). (NOHS)

Rural and urban comparisons:
Total observed child restraint use in rural counties increased from 96.0% in 2012 to 96.1% in 2013; urban counties results stayed the same for 2013 and 2012 at 95.8%. Of the number of children in safety

seats/booster seats:
- 95.6% of children were in rear seats of vehicles; 4.4% were in front seats;
- 94.3% of children in rural counties were in the rear seat of vehicles; 5.7% were in the front seat;
- 96.2% of children in urban counties were in the rear sear of vehicles; 3.8% were in the front seat.

Of the small number of children not in child safety seat/booster seats:
- 70.7% of children were observed in the rear seat of the vehicles;
- 29.3% of children were observed in the front seat;
- 33.3% of children were in rural counties; and
- 27.6% of children were in urban counties.

According to Nebraska Crash Outcome Data Evaluation System (CODES) data, when in a motor vehicle crash, unrestrained occupants:
- Were 16 times more likely to be killed in a crash (1.6% vs. 0.1%)
- Were 5 times more likely to be treated in hospitals (1.5% vs. 0.3%) and twice more likely to be treated in emergency rooms (11.2% vs. 5.7%)
- Had twice higher average hospital charges.

For more information on the NDHHS Injury Prevention and Control Program and the Safe Kids:
http://dhhs.ne.gov/publichealth/Pages/hpe_safekids.aspx

Successes achieved have resulted from:
1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.
2. Maintaining effective working relationship with Safe Kids Chapters and Coalitions.
3. Statewide network of car seat fitting/inspection stations.
4. Implementation of the Statewide Safe Kids Nebraska Child Care Transportation Training.

Barriers/Challenges identified:
1. Child passenger safety technicians must meet recertification criteria every two years to maintain their certification. Nebraska has a recertification rate just above 50%.
2. Maintaining CPS technicians in rural areas.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:
1. Shift in societal attitude; increase in acceptance of use of seatbelts and child passenger restraints.
2. Implementation of laws related to child passenger restraints.
3. Consistent focus on child passenger safety as a priority topic.
4. Longevity of service of the Injury Prevention Coordinator,
5. Safe Kids Coordinator is a child passenger safety technician.
6. Long-term interest in child passenger safety among advocates for childhood safety, parents and caregivers.
7. Implementation of the Statewide Safe Kids Nebraska Child Care Transportation Training.

Barriers/Challenges identified:
1. Continuing resistance to the use of child restraints among Nebraska's rural population.
2. Child passenger safety technicians must meet recertification criteria every two years to maintain their certification. Nebraska has a recertification rate just above 50%.
3. Maintaining CPS technicians in rural areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:
1. Explore potential to expand awareness efforts in rural areas of the state.
2. The Nebraska Safe Kids Coordinator continues to gain experience as a Child Passenger safety technician.
4. Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.
5. The Safe Kids Nebraska Child Care Transportation training has been developed and is being implemented statewide. More than 50 child passenger safety technicians are trained to teach the class.

** Nebraska state law requires all children up to age 6 to ride in a federally approved car seat or booster seat that is appropriate for the child's age, height and weight. Children aged 6 to 18 must be in a seat belt if they are not in a booster seat. Nebraska law prohibits children under age 18 from riding in cargo areas in any vehicle. Drivers and front seat passengers must wear a seat belt or be in a child safety seat.*

In the report "Childhood Injury in Nebraska: 2003 to 2007", published by the NDHHS in May 2010, measures were identified to prevent motor vehicle-related injuries among Nebraska's children: child safety seat distribution and education programs; consistent use of child safety seats or seat belts appropriate to weight and age of the child; mass media campaigns targeted at reducing alcohol-impaired driving; and implementation of strict graduated licensing.

Broader Nebraska Strategies:
Childhood injury is a leading priority of the NDHHS Injury Prevention and Control Program. "Nebraska Injury Prevention and Control Facts 2010: Issue One" declares: Many, if not most, injuries are preventable. Strategies to preventing injuries among children include: (1) parent and caregiver education; (2) proper use of technology, such as child safety seats, home safety devices, and sports equipment, and (3) legislation.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering $5000 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.
- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, also financially supports the Nebraska Child Passenger Safety Technician update. The update is held once a year and offers the CPSTs the opportunity to receive continuing education credits to maintain their certification.
- Many local Safe Kids chapters build on the financial support provided by Safe Kids Nebraska and leverage funds from local businesses to support their child passenger safety activities.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Child Passenger Safety Programs
Between 10/2012 and 09/2013, NDHHS Injury Prevention Program, partners and contractors will increase the rate of observed use of child restraints from 96 percent to **97 percent**.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS Injury Prevention Program, partners and contractors increased the rate of observed use of child restraints from 96 percent to **96**.

Reasons for Success or Barriers/Challenges to Success
This State Health Objective has not yet been achieved as stated in the FY2011 work plan.
The observed child restraint use rate is outlined in the table below.

Year	Percent of Observed Child Restraint Use
2008	96.8
2009	95.1
2010	91.5
2011	95.1
2012	95.9

2013	95.9

An annual observational survey of child safety seat use in Nebraska's rural and urban counties is conducted between August and September. Among the children observed in the 2013 study, 95.9% were riding in child safety seats/booster seats. This rate is the same as the 2012 rate (95.1%) but markedly higher than the rate observed when this series of surveys began in 1999 (56.2%).

Successes assumed to be influenced by:
1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.
2. The state wide network of over 300 child passenger safety technicians.
3. There are 23 child seat inspection stations across Nebraska and about 60 car seat check events were conducted statewide in FY 2013. These bring public awareness to the issue of child passenger safety.

Barriers/Challenges identified:
1. A large geographical area of Nebraska is rural. Many of these rural areas lack consistence presence of child passenger safety technicians and car seat check inspections or events.
2. Parents may lack general understanding of the importance of transporting children in car seats and therefore not prioritize the purchase and use of car seats.

Strategies to Achieve Success or Overcome Barriers/Challenges
1. Explore potential to expand awareness efforts in rural areas of the state.
2. Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.
3. In an effort to improve public awareness about child passenger safety, Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
4. Safe Kids Nebraska used block grant funds to purchase car seats to be distributed at car seat check events across Nebraska.
5. The Safe Kids Nebraska Child Care Transportation Training was developed and implemented. This training will be given to child care providers and they may increase awareness to the importance of child passenger safety to parents.

Activity 1:
Child Passenger Safety Training
Between 10/2012 and 09/2013,
- Conduct four National Highway Traffic Safety Administration child passenger trainings (contingent upon outside funding).
- Conduct meetings with the Nebraska Child Passenger Safety Advisory Committee to establish a training schedule.
- Implement/coordinate Safe Kids Nebraska Child Care Transportation Training in accordance with new NDHHS Child care regulations.

Activity Status
Completed

Activity Outcome
In 2013, Nebraska Child Passenger Safety Advisory meetings were held and 4 CPS training classes were held in Hastings, Norfolk, Omaha, and Lincoln. The Safe Kids Nebraska Child Care Transportation Training was developed and implemented to fulfill the requirements of the new NDHHS Child Care Regulations.

- A total of 63 new technicians were certified during FY2013.
- There are now approximately 365 certified child passenger safety technicians in Nebraska.
- Approximately 600 staff drivers at child care centers have completed the training during FY 2013.

Reasons for Success or Barriers/Challenges to Success
Successes assumed to be influenced by:

1. The long-established relationships between the state-level staff and the Safe Kids chapters and Child Passenger Safety Technicians.
2. Injury Prevention Coordinator is a certified Child Passenger Safety Instructor.
3. There are 20 CPS Instructors in the Nebraska.
4. Recertification rate for Nebraska is higher than the national average.
5. More than 50 CPST were recruited and trained to provide the Safe Kids Child Care Transportation Training to meet the requirements of the new regulations.
Barriers/Challenges identified:
1. CPS Technicians do most of their work on a volunteer basis so it can be difficult to recruit residents of Nebraska to become CPS technicians.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies specific to identified Barriers/Challenges:
1. Explore potential to expand awareness efforts in rural areas of the state.
2. Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.
3. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
4. Larger child care providers are encouraged to have a staff member become a CPST.

Activity 2:
Technical Assistance
Between 10/2012 and 09/2013,
- Provide technical assistance to Child Passenger Safety Technicians conducting child passenger advocacy trainings to communities across the state.
- Provide technical support to over 350 Child Passenger Safety Technicians through newsletters, e-mail lists, mailings, technical updates and grant funding.
- Provide a minimum of 10 mini-grants to local technicians to conduct child passenger safety seat checks in their communities.

Activity Status
Completed

Activity Outcome
In 2013, more than 55 Child Passenger Safety events were held across the state. NDHHS sponsored events in the following communities: Cozad, St. Paul, Crete, Ogallala, Lincoln, Bayard, Ainsworth, Cambridge, Falls City, Atkinson, Callaway, West Point and provided technical assistance to these events when needed. More than 155 child safety seats were checked and approximately 51 Child Passenger Safety Seats were distributed through 14 mini-grants awarded by NDHHS.

Reasons for Success or Barriers/Challenges to Success
Successes assumed to be influenced by:
1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions/Chapters and Child Passenger Safety Technicians,
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.
4. Nebraska Safe Kids has a network of 13 local chapters that are well connected in their local communities.

These local relationships influence volunteerism that makes the child passenger safety program and car seat check up events successful.

Barriers/Challenges identified:

1. Some rural areas lack CPS Technicians with sufficient experience to meet the criteria for obtaining funds to hold check-up events.
2. A few of the local Safe Kids programs are transitioning to new lead agencies.

Strategies to Achieve Success or Overcome Barriers/Challenges
1. Technical assistance about Safe Kids Worldwide policies and procedures regarding child passenger safety was provided.
2. Car seat check events are being advertised using social media.

Activity 3:
Develop and implement child passenger safety training for child care providers.
Between 10/2012 and 09/2013,
- Develop a Child Passenger Safety training for child care providers to meet the requirements of potential new statewide child care licensing regulations.
- Provide technical assistance to Child Passenger Safety technicians who will implement the training in their local communities.
- Provide technical assistance to child care providers related to new licensing regulations and child passenger safety.

Activity Status
Completed

Activity Outcome
The Safe Kids Nebraska Child Care Transportation Training was developed and implemented during FY2013. More than 50 child passenger safety technicians (CPST) were trained via 4 teleconferences to provide the training to child care providers. Approximately 650 child care workers who transport children have completed the Safe Kids Nebraska Child Care Transportation Training.

The NDHHS Injury Prevention Program supplies the trainers and participants with printed curriculum materials and additional resources about child passenger safety.

Reasons for Success or Barriers/Challenges to Success
1. The long-established relationships between the state-level staff and the Safe Kids chapters and Child Passenger Safety Technicians.
2. The Safe Kids Nebraska Coordinator is a certified Child Passenger Safety Instructor.
3. There are 20 CPS Instructors in the Nebraska and 5 of them volunteered tom help develop the training.
4. The NE DHHS Injury Prevention program hired an additional staff member that is a child passenger safety technician and instructor.
5. The established relationship staff members from the DHHS Licensing program.

Challenges to Success:
1. Nebraska has a large rural geographical area with limited access to a CPST that could provide the training.
2. Development and implementation of a training that could be used by a diverse group of people with limited access to required and suggested training supplies

Strategies to Achieve Success or Overcome Barriers/Challenges
1. Several different methods (email, phone calls and social media) were used to recruit CPST to participate in teleconference calls to become trained to provide the Safe Kids Nebraska Child Care Transportation Training
2. The Safe Kids Nebraska Child Care Transportation Training was developed to be administered with or without the use of computers and other technologies.
3. NDHHS Injury Prevention program provides the instructors and students with all printed curriculum materials free of charge.
4. The training materials are also available on the Safe Kids Nebraska website for download free of charge.

Impact/Process Objective 2:

Public Education and Support

Between 10/2012 and 09/2013, NDHHS Injury Prevention Program and partners will provide information and technical assistance in response to requests for best practicechild passenger safety programming and effective evaluation methods to **130** Child Passenger Safety Technicians, local public health departments and Safe Kids coalitions and chapters.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2012 and 09/2013, NDHHS Injury Prevention Program and partners provided information and technical assistance in response to requests for best practicechild passenger safety programming and effective evaluation methods to **145** Child Passenger Safety Technicians, local public health departments and Safe Kids coalitions and chapters.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:
1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions/Chapters and Child Passenger Safety Technicians.
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. The NDHHS program hired a new staff member that is a CPST and instructor.
4. Recertification rate for CPS Technicians in Nebraska is higher than the national average.
5. New state child care licensing regulations took effect in May 2013 and a provision of these regulations mandated that child care providers who transport children must take the Safe Kids Nebraska Child Care Transportation Training. This produced more calls.

Barriers/Challenges identified:
1. CPS technicians do not always update their profiles on the national CPS Certification website which can make it difficult to disseminate important information to them.
2. Recruiting and training current child passenger safety technicians to conduct the Safe Kids Nebraska Child Care Transportation Training

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:
1. NDHHS Safe Kids Nebraska Coordinator has extended extra effort in managing the state child passenger safety technician contact list.
2. Safe Kids Nebraska Coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
3. Teleconferences were conducted to train CPS technicians about the Safe Kids Nebraska Child Care Transportation Training.

Activity 1:

Public Information

Between 10/2012 and 09/2013,

- Respond to calls from the public, school districts, hospitals or public health departments on questions about child safety seat use and restraint laws on a continuous basis.
- Participate in Child Passenger Safety Week in producing press releases and promoting the national theme to Safe Kids chapters and coalitions, general public, hospitals, public health departments and technicians.
- Provide child care centers across Nebraska with information about the Safe Kids Nebraska Child care transporation training.

Activity Status

Completed

Activity Outcome
PHHSBG funding was provided to purchase child safety seats for Car Seat Check Events* held during Child Passenger Safety Week.
- Child Safety Seat educational information was distributed to the community upon request.
-The Safe Kids Nebraska Child Care Transportation Training was developed and implemented.

* *Car Seat Check-Up Events are held in public locations, such as shopping center parking lots usually for a period of 3 to 4 hours. Parents and caregivers bring their child's safety seat, motor vehicle, and child to the event. Trained personnel (Child Passenger Safety Technicians) perform an evaluation for all children in the vehicle who are under 13 years old. They check for:*
· Correct selection: The seat the correct size for the child.
· Harnessing: The child correctly secured in the seat.
· Installation: The seat correctly installed in the vehicle.
· Recalls issued: For any manufacturing defect with the seat.

Reasons for Success or Barriers/Challenges to Success
Successes assumed to be influenced by:
1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions/Chapters and Child Passenger Safety Technicians.
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.
4. Information about the Safe Kids Nebraska Child Care Transportation Training was made available to child care providers on the DHHS website and the safe Kids Nebraska website.

Barriers/Challenges identified
1. CPS technicians do not always update their profiles on the national CPS Certification website which can make it difficult to disseminate important information to them.
2. Even though the recertification rate is higher than national average it is at a little higher than 50% and even lower in some rural areas. There is a need to maintain CPST in rural parts of the state.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies specific to identified Barriers/Challenges:
1. NDHHS Safe Kids Nebraska Coordinator has extended extra effort in managing the state child passenger safety technician contact list.
2. Safe Kids Nebraska Coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
3. The NDHHS Safe Kids Coordinator provided geographically specific child passenger safety technicians lists to local safe kids coordinators to improve recertification rates.

National Health Objective: IVP-23 Deaths from Falls

State Health Objective(s):

Between 10/2012 and 09/2017, reduce the age adjusted death and injury rates from falls to:
- Less than 7.7 deaths per 100,000 Nebraskans.
- Less than 226.5 hospitalizations per 100,000 Nebraskans.
- Less than 1,859 emergency department (ED) visits per 100,000 Nebraskans.

State Health Objective Status
In Progress

State Health Objective Outcome

The two age groups with the highest rates of death and injury due to falls are the elderly and children.

- In Nebraska, falls remain the leading cause of all injury hospitalizations and outpatient treatment.
- Falls remain the second leading cause of unintentional injury deaths.
- Falls were the leading cause of injury-related hospital visits among Nebraska youth under 20 years old. There were a total of 3 deaths and 62,535 hospital visits from 2003 to 2007.
- From 2006 to 2010, the age-adjusted death rate due to unintentional fall injuries was 10.29 per 100,000 Nebraskans. Such deaths were most common among adults aged 85 years and older (241 per 100,000 persons). Among adults aged 75 years and older, death rates due to unintentional fall injuries were higher for males than for females (121 per 100,000 males vs. 115 per 100,000 females among adults aged 75-84 years old; 257 per 100,000 males vs. 234 per 100,000 females among adults aged 85 years and older).

Reasons for Success or Barriers/Challenges to Success

1. The good working relationships between the staff of the NDHHS Injury Program and the local health departments.
2. Increasing interest among advocates for fall prevention.

Barriers/Challenges identified:

1. Lack of understanding among general population about the cost to society resulting from falls and low expectations for efficacy of interventions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore potential to strengthen awareness efforts in across the state.

Strategies identified in the Nebraska Injury Prevention and Control Facts 2010 ▪ Issue 3:
Measures to prevent fall related injuries in children include adult supervision near fall hazards (e.g. stairs, playgrounds); installing home safety devices, such as window guards and stair gates; and wearing bicycle helmets and protective sports equipment

The Injury Surveillance staff prepared a report on older adult falls which further established the need develop falls prevention programming and to target the programming. Data from this report was presented, as well as best practice strategies to address older adult falls.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant Dollars were leveraged in that local programs are including in-kind time and other resources to assist in the implementation of falls prevention programs.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Older Adult Fall Prevention

Between 10/2012 and 09/2013, NDHHS Injury Prevention Program, public health departments, community partners and contractors will implement **18** Tai Chi classes in their communities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2012 and 09/2013, NDHHS Injury Prevention Program, public health departments, community partners and contractors implemented **23** Tai Chi classes in their communities.

Reasons for Success or Barriers/Challenges to Success

Five local health departments worked with local partners to implement a total of 23 Tai Chi classes in the communities they serve. Feedback from participants continues to be very positive.

Strategies to Achieve Success or Overcome Barriers/Challenges
Partnerships in the communities were key to success in the implementation of the program. The local Area Agency on Aging and a local hospital/wellness center were examples of partners that were utilized. Local physical therapists were also valuable to the programs.

Activity 1:
Program Development and Maintenance
Between 10/2012 and 09/2013,

- Provide public health departments and community partners training and resources to conduct Tai Chi classes in their communities.
- Implement evaluation to measure the effectiveness of the Tai Chi program through formative or process evaluation.
- Collaborate with state agencies and local health departments on reducing older adult falls.

Activity Status
Completed

Activity Outcome
Two Tai Chi training classes were held in March 2013, to train new instructors. An update class for previously trained instructors was held in July 2013.
Evaluation tools, including participant attendance sheets, pre and post participant questionnaires, and pre and post clinical assessments were provided to the sites that were implementing the program. Site visits by the Tai Chi consultant and the Injury Prevention Program coordinator were also part of evaluation efforts.

Reasons for Success or Barriers/Challenges to Success
The use of the Tai Chi consultant has proved to be invaluable. The evaluation tools were very useful in quantifying results; those results were also provided back to the local programs that had done the implementation.
Sites were encouraged to partner with physical therapists to administer the clinical assessments. This also helped to foster additional partnerships.

Strategies to Achieve Success or Overcome Barriers/Challenges
The evaluation tools provided us with valuable feedback as well as lessons learned. The clinical assessments and questionnaires provided concrete data on the effectiveness of the program, while the site visits gave us valuable information on issues surrounding implementation and sustainability.

Impact/Process Objective 2:
Older Adult Falls
Between 10/2012 and 09/2013, NDHHS Injury Prevention Program, partners and contractors will implement **1** evidence-based practice, including Tai Chi, to address the problem of older adult falls in Nebraska.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS Injury Prevention Program, partners and contractors implemented **1** evidence-based practice, including Tai Chi, to address the problem of older adult falls in Nebraska.

Reasons for Success or Barriers/Challenges to Success
Tai Chi has been successfully implemented through 5 local health departments. A sixth department

began implementation but was unable to continue due to staff changes.
Community partnerships were key to the success of their implementation efforts. The support provided by NDHHS was also cited as a reason for success.

Strategies to Achieve Success or Overcome Barriers/Challenges
Local health departments worked with a variety of community partners including physical therapists, local Area Agency on Aging, a hospital wellness center and local senior centers. These partners were vital to the success of the program.
NDHHS provided training and ongoing support which also helped the programs to be successful. Site visits were provided by a contracted consultant; these were also cited as being very valuable to the instructors.

Activity 1:
Older Adult Falls Coalition Meetings
Between 10/2012 and 09/2013, provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners through Falls Coalition activities.

Activity Status
Completed

Activity Outcome
The Nebraska Older Adult Falls Coalition met quarterly. The group has been organized into three workgroups; National Fall Prevention Awareness Day, Healthcare Involvement, and Education and Outreach.

Reasons for Success or Barriers/Challenges to Success
Partnerships were very valuable in completing activities. CIMRO of Nebraska, the Medicare Quality Improvement Organization, is a new partner. They have worked with the Falls Coalition to develop a Falls Free Nebraska website which includes information for patients, families and health care providers. The Falls Coalition participated in National Fall Prevention Awareness Day. The Healthcare Involvement workgroup developed a resource list for Trauma programs.

Strategies to Achieve Success or Overcome Barriers/Challenges
Working relationships with partners/coalition members have been key to the success of the efforts to prevent falls. CIMRO distributed educational materials through a variety of methods.

Activity 2:
Older Adult Falls Day
Between 10/2012 and 09/2013, provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day (activities include local community events and media releases).

Activity Status
Completed

Activity Outcome
The Falls Coalition participated in a variety of activities in the observance of National Older Adult Falls Prevention Day.

Reasons for Success or Barriers/Challenges to Success
Educational materials in the form of placemats and bookmarks were well received by local senior centers. CIMRO launched a Falls Prevention website to coincide with Falls Prevention Day; it includes a wide variety of resources for patients, families and providers.

Strategies to Achieve Success or Overcome Barriers/Challenges
The availability of materials provided by the National Falls Coalition and from CDC was very helpful.

Partners who participate in the Falls Coalition were also key in the success of the activities.

Impact/Process Objective 3:
Tai Chi Training
Between 10/2012 and 09/2013, NDHHS Injury Prevention Program will provide Tai Chi instructor training and Tai Chi instructor update training to **35** community Tai Chi instructors.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS Injury Prevention Program provided Tai Chi instructor training and Tai Chi instructor update training to **49** community Tai Chi instructors.

Reasons for Success or Barriers/Challenges to Success
Interest in Tai Chi has steadily increased as the program has been implemented in the state. Several local health departments have been very successful in using community champions to promote the program.

Strategies to Achieve Success or Overcome Barriers/Challenges
Local champions in the communities where Tai Chi has been implemented have increased interest and utilization of the program.
The technical assistance provided by a contracted consultant has also been cited as a reason for success.

Activity 1:
Tai Chi Instructor Training
Between 10/2012 and 09/2013, conduct Tai Chi training and Tai Chi update training for new and current Tai Chi instructors.

Activity Status
Completed

Activity Outcome
Two Tai Chi instructor classes were held in March 2013. An update class was held in July 2013.

Reasons for Success or Barriers/Challenges to Success
The instructor class and the update training were both well attended; feedback was very positive.

Strategies to Achieve Success or Overcome Barriers/Challenges
Previous training had created interest in the Tai Chi Program. The commitment of the local health departments and their ability to collaborate with community partners has been a big factor in the success of this program. Another factor has been our ability to use an experienced Tai Chi instructor to provide technical assistance and support.

Activity 2:
Tai Chi Instructor Development
Between 10/2012 and 09/2013, enhance Tai Chi instructor development through the use of technical assistance and site visits provided by a Tai Chi consultant.

Activity Status
Completed

Activity Outcome
Technical assistance and site visits were provided by the Tai Chi Consultant; each site received a minimum of two site visits. Instructor development/support sessions were also held.

Reasons for Success or Barriers/Challenges to Success
An experienced Tai Chi Instructor conducted site visits with each of the sites that are implementing Tai Chi. She used a "Fidelity checklist" to document feedback to instructors.

Strategies to Achieve Success or Overcome Barriers/Challenges
Providing technical assistance to instructors who are implementing the program has been valuable in both improving instructor skills as well helping them troubleshoot implementation issues. We are fortunate to have an experienced instructor who has worked with the Master Trainer who is local to Nebraska. As an alternative, one site chose to bring all instructors to one site for a "reverse site visit" to work with the consultant. This proved to be both more convenient as well as very valuable for the instructors.

National Health Objective: IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2012 and 09/2017, the percent of total respondents who report that they were forced to have sex when they did not want to will decrease from 8% to 7% using the Youth Risk Behavior Survey.

The Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC) will continue to use the YRBS as its primary data source for this objective. The YRBS is a random sample survey that targets public high school students, grades 9 – 12, in Nebraska. It is the only state level source of information on sexual violence among Nebraska high school students. 2011 marks the eleventh administration of the YRBS. The Nebraska Departments of Education and Health and Human Services administers the survey in the fall of even calendar years and releases the findings the following year. The 2011 YRBS had an overall response rate of 66%. Thus, for the first time since 2005, the CDC was able to weight the data to be representative of all public high school students in Nebraska.

The NDVSAC will also use the National Intimate Partner and Sexual Violence Survey (NISVS) to inform its efforts towards this objective. The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control launched the NISVS in 2010 with the support of the National Institute of Justice and the Department of Defense. The survey is an ongoing, nationally representative telephone survey that collects information about sexual and intimate partner violence and stalking among women and men aged 18 or older in the United States. While respondents are older than the 11 – 17 target age ranges for this particular objective, the survey asks respondents about their experiences with violence throughout their lifetime, including childhood. The CDC breaks down the data by state.

State Health Objective Status
In Progress

State Health Objective Outcome
The Nebraska Domestic Violence/Sexual Assault Coalition is continuing to work on this objective. The Department of Education has not yet released data from the 2013 YRBS survey. Any progress to date is unknown at this point.

Reasons for Success or Barriers/Challenges to Success
Barrier: Data has not yet been released.

Strategies to Achieve Success or Overcome Barriers/Challenges
Continuing to monitor release of data from the Department of Education, so that information can be disseminated.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
The Sexual Assault Set-aside Block Grant dollars are used with the Rape Prevention and Education dollars to support completing the activities/strategies of the Nebraska Sexual Assault Prevention State plan.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Education and Training of Personnel
Between 10/2012 and 09/2013, Nebraska Domestic Violence/Sexual Assault Coalition staff will conduct **1** two day conference/planning session for the network of programs and representatives from the Nebraska Department of Health and Human Services.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, Nebraska Domestic Violence/Sexual Assault Coalition staff conducted **1** two day conference/planning session for the network of programs and representatives from the Nebraska Department of Health and Human Services.

Reasons for Success or Barriers/Challenges to Success
The Nebraska Domestic Violence Sexual Assault Coalition (the Coalition) hosted a two-day conference and strategic planning session on prevention for Nebraska's network of programs. David S. Lee from the California Coalition Against Sexual Assault and PreventConnect.org, and Jennifer Grove from the National Sexual Violence Resource Center provided training on various aspects of prevention on the first day of the event. Deborah D. Tucker, from the National Center on Domestic and Sexual Violence, facilitated a strategic planning process on the second day of the event. A total of 39 people attended the event: 32 local domestic violence/sexual assault program Directors and advocates; five Coalition staff; and two Nebraska Department of Health and Health Services staff who administer the Coalition's Rape Prevention and Education Grant and Preventive Health and Health Services Block Grant funds. Challenges to this complete this objective were getting Program Directors and advocates to commit to attend a two-day training can be challenging due to the hectic and unpredictable schedules that crisis workers often work. Travel costs were also a barrier for programs with limited funding.

Strategies to Achieve Success or Overcome Barriers/Challenges
To ensure that Program Directors and advocates viewed the conference as worthwhile, the Coalition structured the conference around the topics identified by the Program Directors and advocates from the annual training survey. The Coalition also invited Program Directors and advocates to join the conference planning committee in hopes that it would engage them in the conference planning process and build ownership in the strategic planning process. The Coalition advertised the conference months in advance so Program Directors and advocates could save the date, and sent reminder notices as the conference approached. The Coalition also provided travel stipends to the 19 programs located outside of Lincoln – the conference locale.

Activity 1:
Invite experts in the field of prevention to provide technical assistance
Between 10/2012 and 09/2013, The NDVSAC will research national prevention experts to meet the specific need of the local programs. Make all the arrangements and organize the event.

Activity Status
Completed

Activity Outcome
David S. Lee from the California Coalition Against Sexual Assault and PreventConnect.org, and Jennifer Grove from the National Sexual Violence Resource Center provided training on various aspects of

prevention on the first day of the event. Deborah D. Tucker, from the National Center on Domestic and Sexual Violence, facilitated a strategic planning process on the second day of the event.

Reasons for Success or Barriers/Challenges to Success
The experts provided invaluable knowledge and perspective for the participants.

Strategies to Achieve Success or Overcome Barriers/Challenges
Contacting and scheduling the presenters early on in the planning stages was helpful.

Activity 2:
Create a five year plan of prevention efforts for the State of Nebraska
Between 10/2012 and 09/2013, NDVSAC will recruit a planner to facilitate the strategic planning process to guide prevention efforts. Member programs will be invited to be active participants in the plan. This planning process will complement the Rape Prevention and Education evaluation capacity assessment.

The purpose of the plan described in Activity 2 is to provide guide Nebraska's network of programs in their sexual violence prevention efforts. The Coalition purposefully structured the strategic planning process in a way to engage programs in its development so that programs could provide insight into the plan and help create a plan that will meet their communities' needs, and also so they would feel ownership over the plan and be more likely to stay involved in its implementation. Program Directors and Advocates will work with the Coalition to shape, implement, evaluate, and revise the plan when needed. The progress of the plan will be a permanent agenda item at Directors' Days and quarterly Prevention Summits throughout the year.

Activity Status
Not Completed

Activity Outcome
The Coalition's initial goal was to create a five year prevention plan for Nebraska's network of local domestic violence/sexual assault programs on day two of the *Pause! Plan! Prevent! Statewide Conference* that the Coalition hosted in May 2013. After beginning the strategic planning process on that day, the network realized that developing a five year strategic plan in one day was an unrealistic goal.

Reasons for Success or Barriers/Challenges to Success
Deborah Tucker, the national consultant that the Coalition hired to facilitate the strategic planning process, encouraged the network to create a strategic plan for a two year time period rather than a five year time period. This would make the plan more manageable and could also be reevaluated and revised on a more regular and ongoing basis to best reflect community needs.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Coalition has since scaled down its strategic planning process to span a two year time period, at which time the network will reevaluate and update its plan accordingly for the following years. The network identified a need to be able to measure the impact of its work in order to evaluate and revise the prevention plan accordingly. For that reason, the Coalition tied the network's strategic planning process to its Rape Prevention and Education Grant Program in its 2013-2014 grant cycle. The 2013-2014 RPE grant cycle focuses on assessing programs' capacity to evaluate its work. The Coalition will use the results of that assessment to create a four year plan to improve programs' evaluation capacity via technical assistance, training, and support under its RPE grant.
The network has also decided to keep the overarching goals stated in the Nebraska's 2010 Sexual Violence Prevention Plan, many of which the network can achieve by providing comprehensive school-based prevention programming to youth 11 to 17 years of age with an emphasis on bystander engagement and healthy relationships. The network will be developing individual program logic models and one overarching statewide logic model using these goals as part of the RPE Grant Program.
The Coalition has and will continue to facilitate the strategic planning process with the local domestic violence/sexual assault programs via Directors Days (i.e., meetings with the Coalition and program

Directors) and Prevention Summits (i.e., quarterly meetings with the Coalition's Prevention Coordinator and program advocates), and will incorporate the plan into RPE grant program activities.

Impact/Process Objective 2:
Social marketing components
Between 10/2012 and 09/2013, Nebraska Domestic Violence Sexual Assault Coalition staff will maintain **1** sexual assault primary prevention social marketing campaign.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, Nebraska Domestic Violence Sexual Assault Coalition staff maintained **1** sexual assault primary prevention social marketing campaign.

Reasons for Success or Barriers/Challenges to Success
Support from the local chapters was essential for the social marketing campaign to reach teens.

Strategies to Achieve Success or Overcome Barriers/Challenges
The local chapters promoted the SUSO message through Twitter and Facebook, as well as through traditional meetings and education.

Activity 1:
Step Up Speak Out Website
Between 10/2012 and 09/2013, based on the premise that youth utilize social networking sites, the Coalition has created the Step Up Speak Out (SUSO) website to educate youth, parents, teachers, and community members about bystander engagement and healthy relationships.

The Coalition will maintain the website in order to:
- Attract new hits and traffic to the website.
- Provide education about engaging bystanders in sexual violence prevention.
- Include information about the available services at the local programs.

Activity Status
Completed

Activity Outcome
The purpose of the Step Up, Speak Out website is to engage bystanders in "stepping up" and "speaking out" against violence. The website includes information about the services local domestic violence/sexual assault program provide and links to the interactive map of programs posted on the Coalition's website. The number of hits to the Step Up, Speak Out website increased 73.41% from last year, from 1,546 hits during October 1, 2011 through September 30, 2012 to 2,681 hits during October 1, 2012 through September 30, 2013.

Reasons for Success or Barriers/Challenges to Success
Support from the local chapters was essential for the social marketing campaign to reach teens.

Strategies to Achieve Success or Overcome Barriers/Challenges
The local chapters promoted the SUSO message through a webpage, Twitter and Facebook, as well as through traditional meetings and education.

Activity 2:
Step Up Speak Out Social Media Outreach
Between 10/2012 and 09/2013, to complement the SUSO website, the Coalition will maintain Facebook, Twitter, and YouTube sites to leverage communication about healthy relationships and bystander engagement. The videos from the Youth Video Project will be posted on these sites as well.

Effectiveness of this component is measured by number of site visits and followers.
During the last year, the number of visits to the site was 1,737.

Facebook: 85 likes
Twitter: 65 followers

Goals for next year:
Visitors: 2,000
Facebook: 110 likes
Twitter: 90 followers

Activity Status
Completed

Activity Outcome
During October 1, 2012 through September 30, 2013, the number of Step Up, Speak Out Facebook page "likes" increased from 85 to 140. The number of people or organizations "following" Step Up, Speak Out on Twitter increased from 65 to 85. This year the Coalition has also advertised its new and improved SUSO YouTube channel (which existed but was completely inactive until recently). Between October 1, 2012 through September 30, 2013, there were 496 "views" of the Step Up, Speak Out YouTube channel (up from 200 the previous year) and five subscribers (compared to none the previous year). The Coalition posted the finished products from the healthy relationships video project (detailed below) on the Step Up, Speak Out YouTube channel and posted links to these videos on the Step Up, Speak Out Facebook page and Twitter account.

Reasons for Success or Barriers/Challenges to Success
Support from the local chapters was essential for the social marketing campaign to reach teens.

Strategies to Achieve Success or Overcome Barriers/Challenges
The local chapters promoted the SUSO message through Twitter and Facebook, as well as through traditional meetings and education.

Activity 3:
Youth Video Project
Between 10/2012 and 09/2013, NDVSAC will sponsor a youth video project, which will be structured as a joint project between programs and their local schools. Up to four schools will receive $800 worth of video equipment that was purchased during a previous grant period. Students will use the equipment to create at least one public service announcement video per school. Students will use the bystander approach to discuss healthy relationships. The intent of the project is to increase collaboration between programs and schools, provide schools with a creative avenue in which to teach about healthy relationships, allow students the chance to be creative and develop their own message about relationships, and of course provide the NDVSAC with youth-oriented public service announcements to post online and to promote during Dating Violence Awareness Month (and throughout the year).

Activity Status
Completed

Activity Outcome
The Coalition offered 21 local programs technical assistance and support to implement a healthy relationships video project in their local school. The Coalition developed this project as a means to engage youth in creating a 30 to 60 second video for teens that the Coalition could then use as a Public Service Announcement in its Step Up, Speak Out campaign. Three local programs expressed interest in the project and two continued on to collaborate with their local schools in applying to participate on the

project. Voices of Hope in Lincoln, Nebraska, worked with Lincoln Public Schools to implement the project in its Technology and Arts and Humanities Focus Schools. Center for Survivors in Columbus worked with Columbus Middle School on the project as well. The Coalition posted the finished products from both collaborations on the Step Up, Speak Out YouTube channel, Facebook page, and Twitter accounts, and shared the videos with the entire network of programs.

Reasons for Success or Barriers/Challenges to Success
The support from the local programs and public schools involved in the public service announcement development was greater than expected.

Strategies to Achieve Success or Overcome Barriers/Challenges
Delays during development led to the final product being released later than intended.

State Program Title: WORKSITE WELLNESS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Worksite Wellness Program*** is dedicated to improving the overall health of Nebraska adults through their places of employment.

Health Priorities: Building capacity to provide data-driven, comprehensive worksite health promotion services statewide.

Primary Strategic Partners: Local worksite wellness councils (WorkWell and WELCOM), local health and human services agencies, hospitals, state government, local health coalitions, public schools, universities and colleges, Nebraska Sports Council, and local health departments.

Evaluation Methodology: Tracking changes in health status data, data from LiveWell health assessment survey, reports from participating businesses on changes in health care and insurance costs, and aggregate biometric data obtained from employees.

National Health Objective: ECBP-8 Worksite Health Promotion Programs

State Health Objective(s):

Between 10/2012 and 09/2017, provide continued support to two worksite wellness councils in order to build capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.

State Health Objective Status
Met

State Health Objective Outcome
Worksite Wellness Councils: The NDHHS invested $83,000 to support two worksite wellness councils.

1. "WorkWell" Worksite Wellness Council is now operated by the Nebraska Safety Council (NSC). WorkWell serves Lancaster County as well as five other Southeastern counties and provides outreach to local health departments across the state. The merger with NSC gives WorkWell a statewide reach though 500 NSC member businesses across the state.
Accomplishments of WorkWell Worksite Wellness Council:
> Six new organization/businesses were recruited as members of WorkWell, bringing the total membership to 104 businesses.
> Provided training for member businesses, as well as education and technical assistance through meetings, newsletters and resource materials.
> Managed the application, review and presentation process for the Governor's Wellness Award. A total of 50 businesses qualified for the award in 2013, bringing the total to awards to 203 over the past 6 years. Convened an award presentation luncheon in Lincoln and facilitated award presentation luncheons in Gering and Kearney.
> For more information about WorkWell: https://www.workwellwellness.org
> For more information about the Governor's Wellness Award: https://workwellwellness.org/index.php?option=com_content&view=article&id=5&Itemid=332

2. The second, "Panhandle Worksite Wellness Council" is operated by the Panhandle Public Health District and serves the seven rural and frontier counties in the Western panhandle of the state.
Accomplishments of Panhandle Worksite Wellness Council:
> Maintained services to 37 member companies, employing 6,888 people.
> Provided training, conducted outreach to non-member companies and convened networking events for member companies.

> Convened a safety and wellness conference at which four panhandle businesses received the Governor's Wellness Awards.
> An evaluation undertaken in April 2013 noted that 28 of 35 member companies follow the evidence-based worksite wellness process through maintaining an active wellness committee within their business.
> For more information about the Panhandle Council: https://panhandleworksitewellnesscouncil.wildapricot.org

[Note: for the purpose of the worksite councils the term "business" includes schools, non-profit organizations, local governmental agencies as well as traditional retail, blue-collar industrial manufacturing and white-collar worksites.

Healthy Communities Projects Focused on Worksite Wellness: The NDHHS set aside additional funds to support "Healthy Communities" projects at local health departments focusing on worksite wellness: Projects were in their third year of this funding cycle and and assisted local businesses to begin or expand their worksite wellness activities. The projects were operated by the following multi-county health departments: North Central District Health Department, Four Corners Health Department, Panhandle Public Health District, Elkhorn Logan Valley Public Health Department, Central District Health Department, South Heartland District Health Department, and Two Rivers Public Health Department. These seven agencies have a combined coverage area of 41 counties. The number of businesses receiving services from one of the seven local health departments totaled 83 for the year.
For more information about Nebraska's local health departments: http://dhhs.ne.gov/publichealth/Pages/puh_oph_lhd.aspx

Nebraska Worksite Wellness Toolkit: The Nebraska Department of Health and Human Services, Division of Public Health, brought together internal and external stakeholders to develop a comprehensive worksite wellness toolkit to help businesses across Nebraska develop the necessary infrastructure to address chronic disease management and prevention and primary prevention health issues in the worksite. The internal stakeholders who helped in the development of the Toolkit included Nebraska DHHS programs such as the Nutrition and Activity for Health (served as project lead), Heart Disease and Stroke Prevention, Diabetes Prevention and Control, Comprehensive Cancer Control, Tobacco Free Nebraska, Injury Prevention and Control, Preventative Health and Health Services, Every Woman Matters, Nebraska Colon Cancer Screening Program, Office of Community and Rural Health, Health Disparities and Health Equity, Office of Behavioral Health, and the Office of Communications and Legislation. External stakeholders included businesses, local public health departments, and the three worksite wellness councils in the state: Wellness Council of the Midlands (WELCOM- Omaha), WorkWell (Lincoln), and Panhandle Worksite Wellness Council (Hemingford). These stakeholders helped to create a Toolkit that included an interactive document that provided the necessary evidence-based steps for businesses to create a comprehensive worksite wellness program and a website that included additional resources for businesses to carry out their process efforts.
For more information about the Toolkit: www.worksitewellness.ne.gov.

Worksite Wellness Survey: The NDHHS conducted a survey of Nebraska businesses regarding their involvement in worksite wellness. A total of 1,352 businesses of all sizes, small (10-49 employees), medium (50 to 199 employees, and large (200 or more employees).completed the survey during the period of September to December, 2013. Staff epidemiologists are currently analyzing the data and writing the report. Release is expected by June 29, 2014.

[Note: for the purpose of the survey the term "business" is defined by the Nebraska Department of Labor which includes all businesses, organizations and agencies across the state, with the exception of religious organizations.]

Reasons for Success or Barriers/Challenges to Success
Reasons for Success:

> The worksite councils succeed because of their attention to the needs of members for technical assistance, resources and support and because of the support of top level officials, including the Governor.
> The Healthy Communities Worksite projects succeed because of the support provided to the local health departments by NDHHS staff, including training in public health process and close monitoring of progress.
> The Toolkit workgroup succeeded because of the dedication of the partners to the purpose of the Toolkit and the small team of lead staff that facilitated the process.
> The developers of the Worksite Wellness Survey of businesses succeeded because having experienced epidemiologists on the NDHHS staff, and having experts in survey design and implementation at the University of Nebraska, Bureau of Sociological Research.

Challenges:
> The Nebraska Safety Council (NSC) was challenged in it's first year of operating the WorkWell Council to adapt procedures to fit the NSC model, to seamlessly continue services to WorkWell member business, and to get up to speed on the Governor's Wellness Award process in its sixth year of existence.
> The Panhandle Council was challenged to maintain and grow its member base.
> The developers of the Worksite Toolkit were challenged to incorporate the ideas and input of many partners into the Toolkit design.
> The developers of the survey were challenged to design a survey to which Nebraska businesses would be willing to respond.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies to Achieve Success and Overcome Challenges:
> WorkWell Council hired a program staff person who had previously been employed at WorkWell when it was operated by the Lincoln-Lancaster County Health Department, and hired a coordinator with deep experience in conducting a successful worksite wellness program at Nebraska business that has an exemplary worksite program.
> The Panhandle Council maintained consistent staffing and received mentoring from established worksite councils.
> The Worksite Toolkit developers secured support from upper management at NDHHS and gathered partners already dedicated to worksite wellness as a strategy for bringing improvement to the health of Nebraskans.
> The survey developers built the current survey to compare to one conducted in 2010.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
The PHHSBG funds invested in worksite wellness have been leveraged in the following ways:
1. Worksite wellness councils, including WorkWell and Panhandle Worksite Wellness Council have a dues structure for their member businesses; deriving a substantial portion of the resources to operate the council from non-grant sources.
2. The Healthy Community projects were supported by a pool of funds contribute by public health programs from across the NDHHS.
3. The Worksite Toolkit was developed in collaboration with the Lincoln Lancaster County Health Department, Nebraska's three worksite wellness councils and NDHHS public health, worksite wellness, chronic disease and injury prevention staff. All of these partners contributed time and and expertise to the completion of the project.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Worksite Wellness Capacity
Between 10/2012 and 09/2013, NDHHS staff and subawardees and contractors will develop **150** worksites actively engaged in worksite health promotion activities.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2012 and 09/2013, NDHHS staff and subawardees and contractors developed **224** worksites actively engaged in worksite health promotion activities.

Reasons for Success or Barriers/Challenges to Success
The total of 224 businesses served includes 104 members of the WorkWell Council, 37 members of the Panhandle Worksite Wellness Council and 83 businesses served by the 7 local health departments that focus their Healthy Communities projects on worksite wellness.

Reasons for Success:
> The NDHHS has been investing PHHSBG funds in support of worksite wellness for more than 25 years. The committment began with a well-considered belief in the great potential of worksite wellness to improve the health status of working adults in Nebraska. The effort has grown in "reach" and "impact" through consistent high-level support from decision makers and public officials and the development of a council infrastructure to encourage investment of business resources and focus on "return on investment".
> Nebraska's three worksite wellness councils, WorkWell Council, Panhandle Council and WELCOM (Wellness Council of the Midlands have a combined statewide business membership of 347. Each of those businesses has access to the guidance of at least one worksite wellness council in assessing need, planning strategically and evaluating the effect of their worksite wellness interventions.

Challenges:
> Moving WorkWell Council from a local health department to an organization that has focused on worker safety risked loss of momentum in growing worksite wellness in Nebraska .
> Achieving success in developing worksite wellness across the state required recognition of the differences between the culture and resources in the more urban Eastern part of the state and the sparsely-populated (rural / frontier) counties of the Nebraska's Panhandle.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies for Success:
> Collaboration and communication among Nebraska's three worksite wellness councils and with the local health departments involved in facilitating worksite wellness has been increased over the past year, with scheduled phone meetings and continued mentoring of local health departments by the councils.

Strategies to Overcome Challenges:
> A general re-thinking of the operation and role of WorkWell was undertaken before the transition to Nebraska Safety Council; including consideration of the business model (financial sustainability) , analysis of resources and options, and careful planning and communication among all parties. The group considering the future of WorkWell undertook clear and frequent communication with NDHHS staff and with member businesses. Ultimately, the member businesses voted in favor of the merger with Nebraska Safety Council.
> In the Panhandle area, worksite wellness policy, procedures and timelines were adjusted to accommodate for the lower average lnumber of employees.

Activity 1:
Training and Technical Assistance
Between 10/2012 and 09/2013, provide technical assistance and training to at least 145 worksites.

The worksite wellness councils partially supported by the PHHSBG distribute newsletters, and provide training seminars, peer learning/idea sharing, assistance with preparing to meet the qualifications for the Governor's Wellness Award, and phone counseling,

Activity Status
Completed

Activity Outcome
Activities included:
> Services in support of the development and expansion of worksite wellness interventions with business across the state included all those listed (newsletter distribution, provision of training seminars and peer-to-peer idea sharing and technical assistance in the preparation of applications for the Governor's Wellness Award. In addition, distribution of toolkits describing local resources and direct provision of biometric screening services were conducted by some of the local health department projects.

See description of activities earlier in this section of the Annual Report.

Reasons for Success or Barriers/Challenges to Success
Reasons for Success:
> Businesses managers/owners have become more aware of what the wellness councils can offer and are increasingly likely to become members of a wellness council.
> Business managers/owners have become more aware of the potential "return on investment" associated with providing wellness opportunities at worksites, and are increasingly willing to take on some worksite wellness activities.
> Managers/owners of businesses have become advocates and mentors for worksite wellness. Increasingly, they have had success, or have recognized a positive impact of their wellness program on employee health status, which in turn can improve employee morale, and decrease turn-over, absences and health claims.

Challenges:
> Selection of the most efficient means possible to offer services in order to facilitate further development of worksite wellness intervention at businesses across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies for Success and Overcome Challenges:
> Councils have developed toolkits and training opportunities to point business to the educational, social and medical resources to conduct needs assessment, biometric testing, interest assessment, strategic planning, resource allocation and evaluation.
> NDHHS has undertaken a follow-up survey of businesses to increase understanding of the extent of involvement in worksite wellness interventions across the state, which can be a basis for decision making and planning for improvement of the worksite wellness program.